

Therapist name: _____

Your name: _____

Skin, eye & health information

Have you had any eyelash extension and / or LVL treatment before?

☐ Yes ☐ No If yes, when? _____

Have you ever had an allergic reaction to hair perming products?

☐ Yes ☐ No If yes, please explain: _____

Were you able to do a patch test at least 48 hours prior to your booking?

☐ Yes ☐ No

If not, you understand there are risks of allergy associated with receiving tinting or lamination.

☐ I agree (without ticking the box your treatment won't be carried out)

Are you taking any medications affecting your skin?

☐ Yes ☐ No If yes, please list: _____

Do you wear contact lenses?

☐ Yes ☐ No

Have you had eye surgery in the past 6 months?

☐ Yes ☐ No

Do you have an eye condition?

☐

Yes

☐

No

If yes, please explain with further details:

Are you pregnant or breastfeeding?

☐

Yes

☐

No

Consent & waiver

I confirm that I have provided accurate details about my health, eye and skin history. I understand that lash treatments may have some risks, including redness, irritation or allergic reactions, and that certain treatments need aftercare which I agree to follow.

I understand that I can stop or refuse treatment at any time and that I must tell the Urban therapist if I feel uncomfortable during the treatment.

Waiver of liability

Urban's role is to connect me with an independent therapist, and my contract is directly with them. I release Urban and the therapist, to the extent permitted by law, from any liability related to this session.

Date: _____

Client signature: _____