



HAUS OF LASHES & BEAUTY

Client Intake Form

(Revised 12/01/2021)

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Email: _____ Cell: _____

Contact lenses or glasses? (Circle One) YES or NO

**Must be removed during the service*

Do you rub, pull or pick your lashes for any reason? (Circle One) YES or NO

Do you currently have or are you being treated for any eye illnesses or injury? (Circle One) YES or NO

If yes please describe: _____

Please check off any all of the following that may apply to you:

- _____ Laser Eye Surgery
- _____ Dry Eye
- _____ Season Allergies
- _____ Latex/Surgical Tape Allergy
- _____ Chemotherapeutic agents
- _____ Hypersensitivity to Cyanoacrylates
- _____ Cataract Surgery
- _____ Sty in the eye
- _____ Rapid lash loss
- _____ Alopecia
- _____ Psoriasis on the eyelids
- _____ Eczema on the eyelids
- _____ Other: _____

Emergency Contact Information:

Please list at least one contact that may be reached regarding any emergency related to services. You authorize the Service Provider to contact and provide any necessary information related to your services to the listed emergency contact listed on this form in the event of an emergency.

Name: _____ Relation: _____ Phone Number: _____

Client Signature: _____