

Dolce Blu Eyelash Extension Intake Form

Is this the first time that you have had eyelash extensions applied? YES NO

Please indicate if you have worn any of the following types of lashes within the last 60 days:

INDIVIDUAL STRIP FLARE Other: _____

Do you: CURL PERM TINT Other: _____

Are you having lash extensions applied for: DAILY WEAR A SPECIAL OCCASION

Do you wear contacts? YES NO

Do you habitually rub, pull, or pick your eyelashes for any reason? YES NO

Do you have, or are you being treated for any eye illness or injury? YES NO

What side do you predominately sleep on? RIGHT LEFT

Please list any eye drops or eye medications that you are currently using: _____

How often do you workout weekly? 1-2DAYS 3-4DAYS 5-6DAYS

Do you engage in any of the following:

SAUNA TANNING FACIALS SWIMMING

If so, how often: _____

Mascara coats: 1 COAT 4 COATS 5 OR MORE

Do you splash water on your face during your facial cleansing routine? YES NO

