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New Client Form, Eyelash Extensions

Client Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Cell Number: _____

Email: _____

How may we contact you regarding schedules appointments or upcoming specials?

Text Message__ Email__ Home Phone__ Mobile__

When would you prefer to be contacted? Morning__ Afternoon__ Evening__

How did you hear about us? _____

Name of person who referred you: _____

1. Have you ever received eyelash extensions before? _____
2. Have you ever had an allergic reaction to any type of adhesives? _____
3. Have you used under eye gel patches before? _____
4. Do you wear glasses? _____
5. Do you wear daily disposable, extended wear or permanent contacts? _____
6. Do you have a tendency to rub/tug on your lashes? _____
7. Do you spray tan? _____
8. Are you pregnant? ____ If yes, have you discussed having this service with your doctor? _____
9. Which side do you have a tendency to sleep on? _____

Please note that you may experience more eyelash extension loss on the side you tend to sleep on!