BELLA VIA
Skin and Body Therapies

EYELASH EXTENSIONS INTAKE FORM

Name:_____ DOB:_____ Age:_____ Gender:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Home Phone:_____ Cell:_____ Work: _____

Email Address:_____ Occupation:_____
(Your email address will be used for appointment confirmations, quarterly newsletters, and to alert you of specials and promotions.)

How were you originally referred to Bella Via? (Please circle and add note if applicable.)
Dr. Colville Dr. Zavell Website Friend: _____
Other:_____

AREA SPECIFICS

Is this the first time that you have had eyelash extensions applied? YES NO
If no, where did you have them applied? _____
Please indicate if you have worn any of the following types of eyelashes within the last 60 days:
□ Individual □ Strip □ Flare □ Other_____

Do you do any of the following to your eyelashes? (Please check all that apply.) □ curl □ perm □ tint

Are you having eyelash 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: _____

_____

Do you have any allergies to adhesives, tape, paper tape or synthetics? YES NO
If so, please list your reaction(s): _____

Are you able to keep your eyes closed and lie still for up 2 hours or longer? YES NO

Please check any of the following that apply to you:

□ Lasik Eye Surgery	□ Dry Eye	□ Permanent Cosmetics	□ Blepharoplasty
□ Microdermabrasion	□ Seasonal Allergies	□ Alopecia	□ Thyroid Diseases
□ Glycerin Allergies	□ Iron Deficiency	□ Ringworm	□ Major Surgery
□ Eating Disorders	□ Oral Contraceptives	□ Anticoagulants	□ Retinoids
□ Accutane	□ Beta-adrenergic Blockers	□ Chemotherapeutic Agents	□ Hormonal Imbalance
□ Recent High Fever	□ Severe Illness	□ Flu Symptoms	□ Extreme Stress
□ Drugs that Cause Hair Loss		□ Childbirth within the last 120 days	

□ Exposure to Chemicals in Swimming Pools, Bleach, Hair Dye, or Perms

□ Hypersensitivity to Cyanoacrylate or Formaldehyde