



Client
RECORD

Consent FORM

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Appointment Date: _____ / _____ / _____ Time: _____

How did you hear about us?

Friend: _____

Google/web search Facebook/Instagram Website Other

Is this the first time you've had eyelash extensions applied? Yes No

If no, where have you had them applied? _____ Approx. Date: _____

Are you having lash extensions applied for a special occasion or daily wear? Special Occasion Daily Wear

Do you wear contacts? Yes No Do you habitually rub, pull, or pick your lashes? Yes No

Do you have, or are you being treated for, any eye illness or injury? Yes No

Please list any eye drops or eye medication you are using: _____

What side do you predominately sleep on? Right Left Neither

Are you able to keep your eyes closed and lie still for 2 hours or longer? Yes No

Please circle any of the following that apply to you:

Permanent eye make-up

Use of retinoid for skin treatment

Blepharoplasty within last 6 months

Chemotherapy within last 6 months

Lasik Eye Surgery within last 120 days

Severe stress

Allergies to glycerin

Hormonal imbalance

Allergies to adhesive or synthetics

Recent high fever or severe illness

Alopecia

Iron deficiency

Oily skin or hair

Thyroid disease

Microdermabrasion

Other: _____

CONSENT FOR EYELASH PROCEDURE

I have agreed to have eyelash extensions applied to and/or removed from my natural eyelashes. Before my licensed eyelash professional can perform this procedure, I understand I must complete this agreement and provide my informed consent by signing and dating where indicated below.

1. Waiver of Liability. I understand there are risks associated with having artificial eyelash extensions applied to and/or removed from my natural eyelashes, and that notwithstanding the utmost of care in the application or removal of these products, there still exists risks associated with the procedure and product itself, which include, without limitation, eye irritation, eye pain, discomfort, and, in rare cases blindness when improperly handled. As part of this procedure, I understand that a certain amount of eyelash adhesive material will be used to attach artificial eyelashes to my natural eyelashes. Even though the eyelash extension professional may apply or remove the artificial eyelashes properly, I understand adhesive material may become dislodged during or after the procedure, which may irritate my eyes or require follow-up care, at my own expense to prevent damage to my eyes. I also agree to defend, indemnify and hold harmless my service provider from any and all claims, actions, expenses, damages and liabilities, including reasonable attorneys' fees which might be asserted against them as a result of my having this procedure performed.

2. Permission to Use Pictures. I hereby grant my service provider the full right to take, publish and reproduce photographs of me, my face, my eyes and/or eyelashes, both before and after the procedure, for any advertising, education, or other purposes whatsoever, including the right to retouch these photographs as deemed necessary. I further expressly assign any copyright in these photographs. I also grant consent to use my images and likeness as contained in these photographs, along with any comments I may provide.

3. Care and Maintenance. I agree to follow the care and maintenance instructions provided to me for the use and care of my eyelash extensions, and that if any follow up care is required due to my own mistake or negligence, or failure to follow these instructions, this will be at my own expense and risk. I understand that if I do any of the following, it may result in damage to my eyelash extensions or my cause my lashes to fall off prematurely. Knowing this I agree to follow these instructions for best results: I will avoid oil based eye products as these will loosen the bond of my eyelash extensions. I will avoid getting my lashes wet within 24 hours after application. For the first two days after application, I understand it is best to avoid swimming, saunas or steam rooms. If I experience any itching or irritation, I agree to contact my service provider immediately to have the lash extensions removed. I agree to avoid using waterproof mascara and to not use an eyelash curler, perm, or tint on my eyelash extensions. I agree not to pick, pull or rub my eyelash extensions. I understand that I should not attempt to remove my eyelash extensions on my own or with any product, but that the procedure requires that my eyelash extensions be professionally removed.

4. No Known Medical Conditions / Informed Consent. I have read and completed the Client Intake Form in its entirety and in truth. I acknowledge that I have been advised of the potentially harmful or negative side effects that the eyelash extension procedure or removal may cause to those who have specific medical or skin conditions. I understand that the adhesives and adhesive remover are a skin, eye and mucus membrane irritant and that in rare cases persons may be allergic or have hypersensitivity to synthetics, cyanoacrylate or formaldehyde which in small amounts may be present in the adhesive. I understand that the procedure requires that I lay still for up to 3 hours or longer with my eyes closed, and that if I wear contacts, I must remove my contact lenses for the duration of the lash extension application or removal. I further state that I have no known medical condition that might be aggravated by the procedure or any medical condition that would prevent me from complying with or heeding to instructions or these warnings.

If any action is brought to enforce the terms of this Agreement, the prevailing party shall be entitled to its costs and reasonable attorneys' fees. Any claims arising out of this agreement will be resolved through the binding arbitration using the rules of the American Arbitration Association.

This Agreement will remain in effect for this procedure, and all future procedures.

I agree that this Agreement is binding upon me, and my heirs, legal representatives and assigns. I represent that I am at least 18 years of age and that I have the right to enter this agreement, or if I am under 18 years of age, I have my parent or legal guardians consent to this agreement and his or her relationship to me is as follows: _____. By his or her signature below, he or she ratifies and consents to this procedure under these terms.

Signature: _____ Print Name: _____ Date: _____

Parent/Guardian Signature: _____ Print Name: _____ Date: _____

Licensed Lash/Brow Artist: _____ Print Name: _____ Date: _____

Natural Lash

HEALTH

CONDITION

- EXCELLENT
- GOOD
- POOR
- LASH REHAB

DATE: _____

LENGTH

- SHORT
- MEDIUM
- LONG
- SHED CYCLE

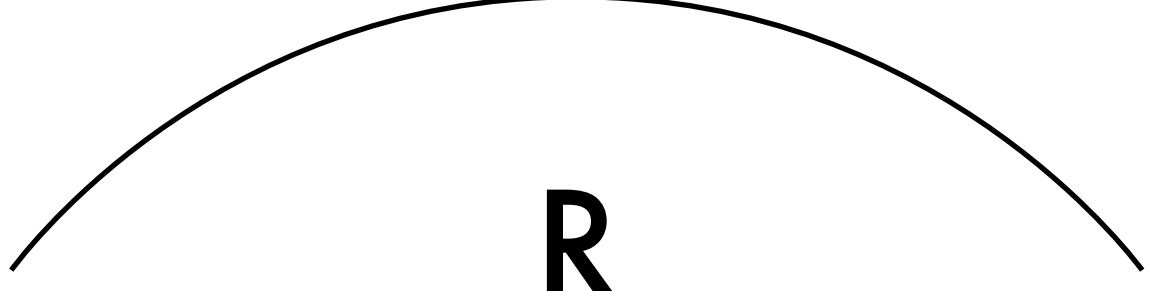
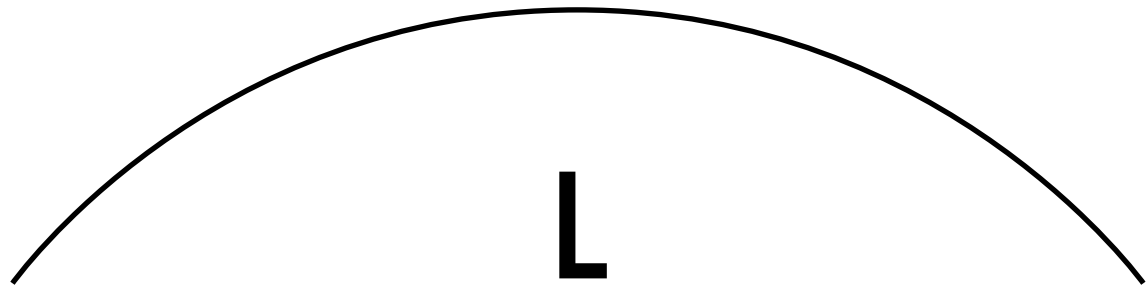
DATE: _____

COVERAGE

- DENSE
- MODERATE
- SPARSE

GAPS PRESENT

- YES
- NO



AREAS OF CONCERN

Notes:

Style GUIDE

FACE SHAPE

- SQUARE
- ROUND
- OVAL
- OBLONG
- TRIANGULAR
- DIAMOND
- HEART

SHAPE

- NATURAL
- ROUND
- M. ROUND
- KITTEN
- CAT
- DOLLY
- CUSTOM

EYE SHAPE

- ROUND
- ALMOND
- MIX

DIAMETER

- 0.03
- 0.04
- 0.05
- 0.06
- 0.07
- 0.10
- 0.12
- 0.15
- 0.18

EYE DETAILS

- PROTRUDING
- DEEP-SET
- HOODED
- MONOLID

EYE SET

- CLOSE-SET
- WIDE-SET
- NEUTRAL

CURL

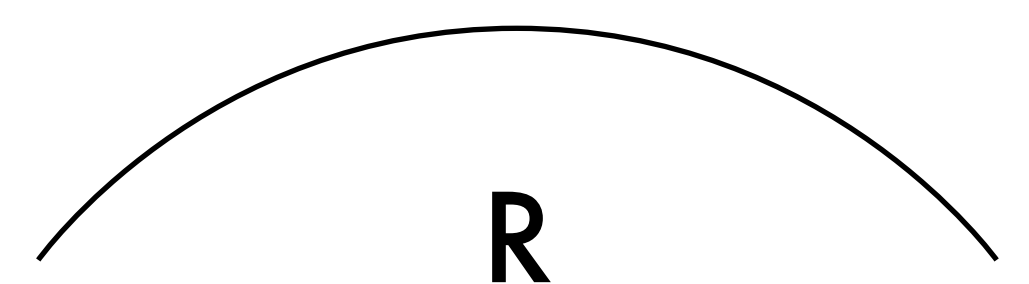
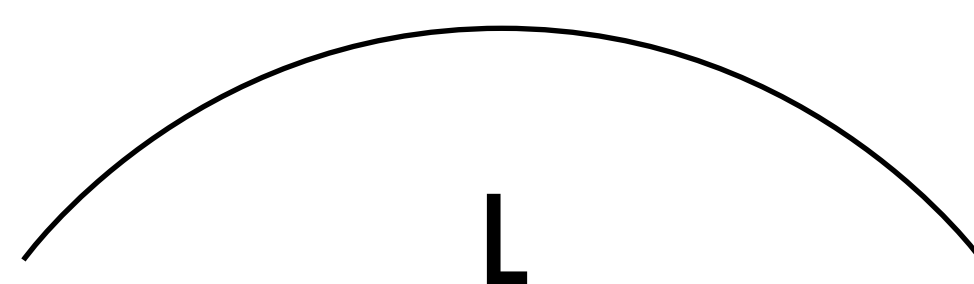
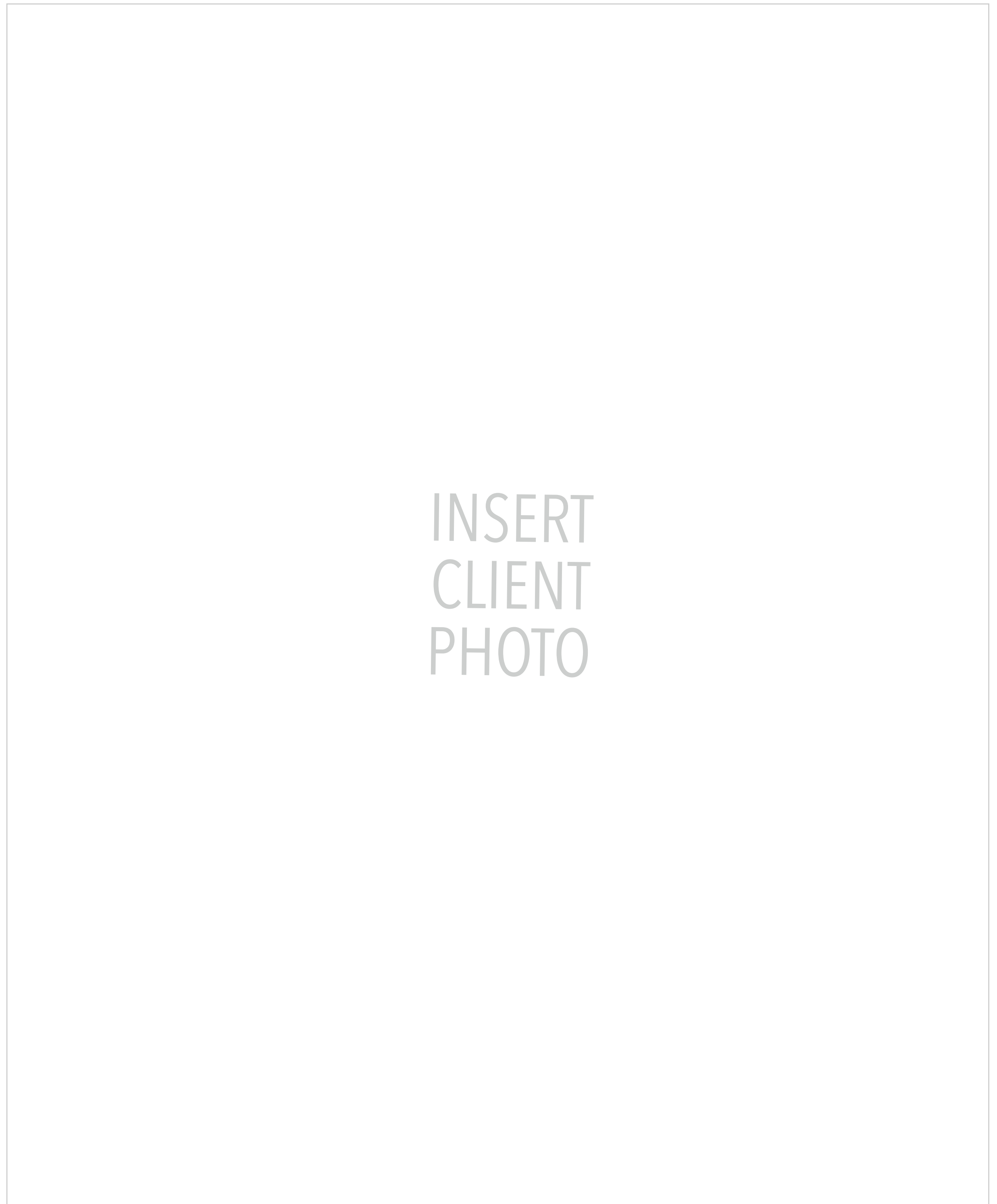
- J
- B
- C
- CC
- D
- L

EYE PITCH

- UP-TURNED
- DOWN-TURNED
- NEUTRAL

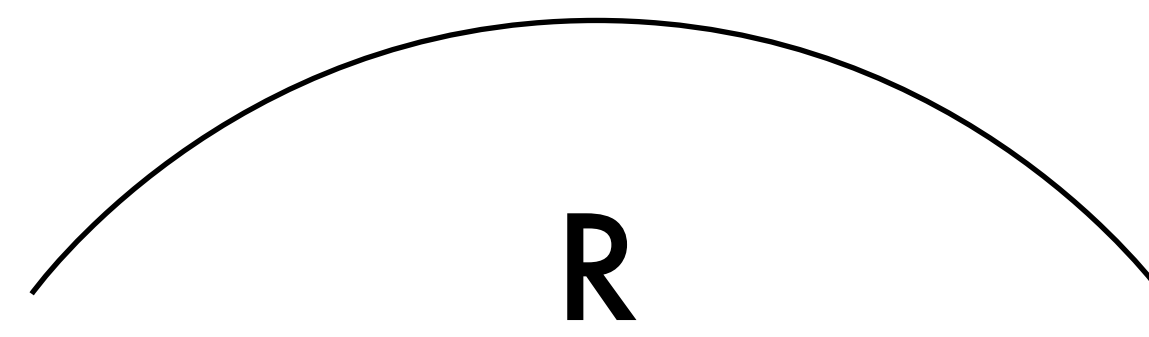
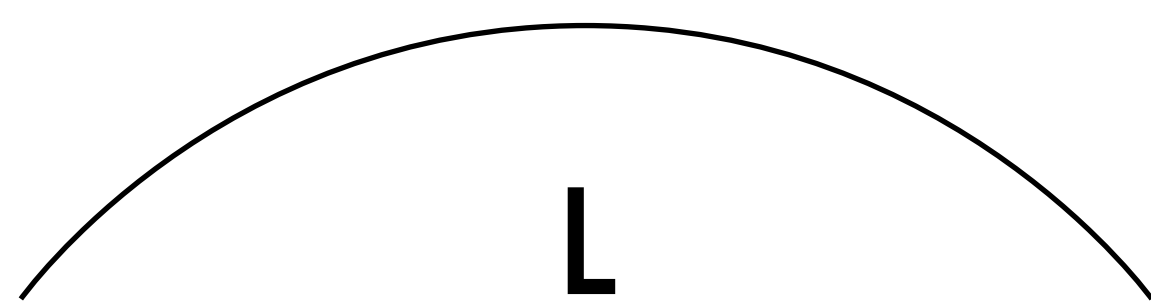
DIMENSION

LENGTH

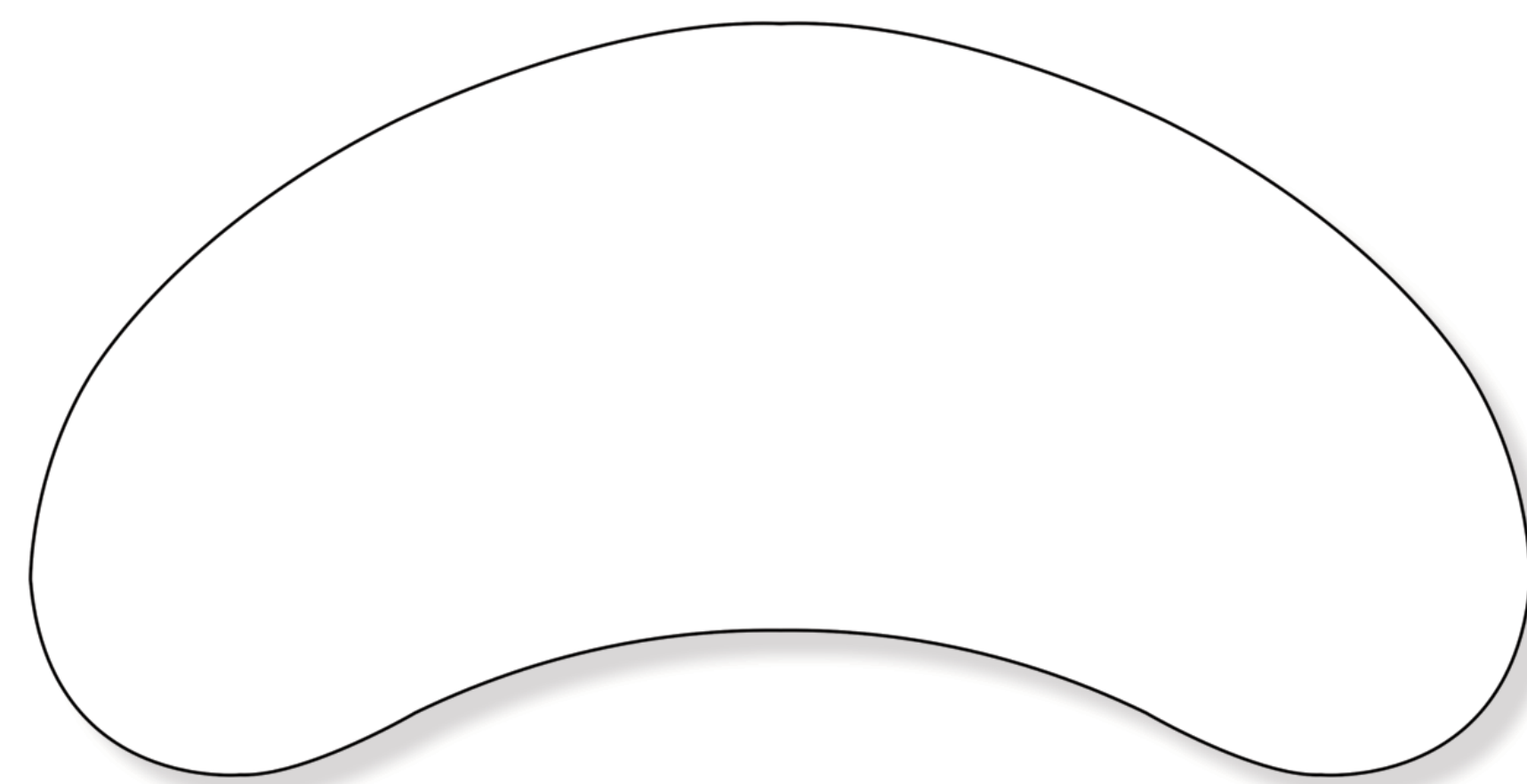
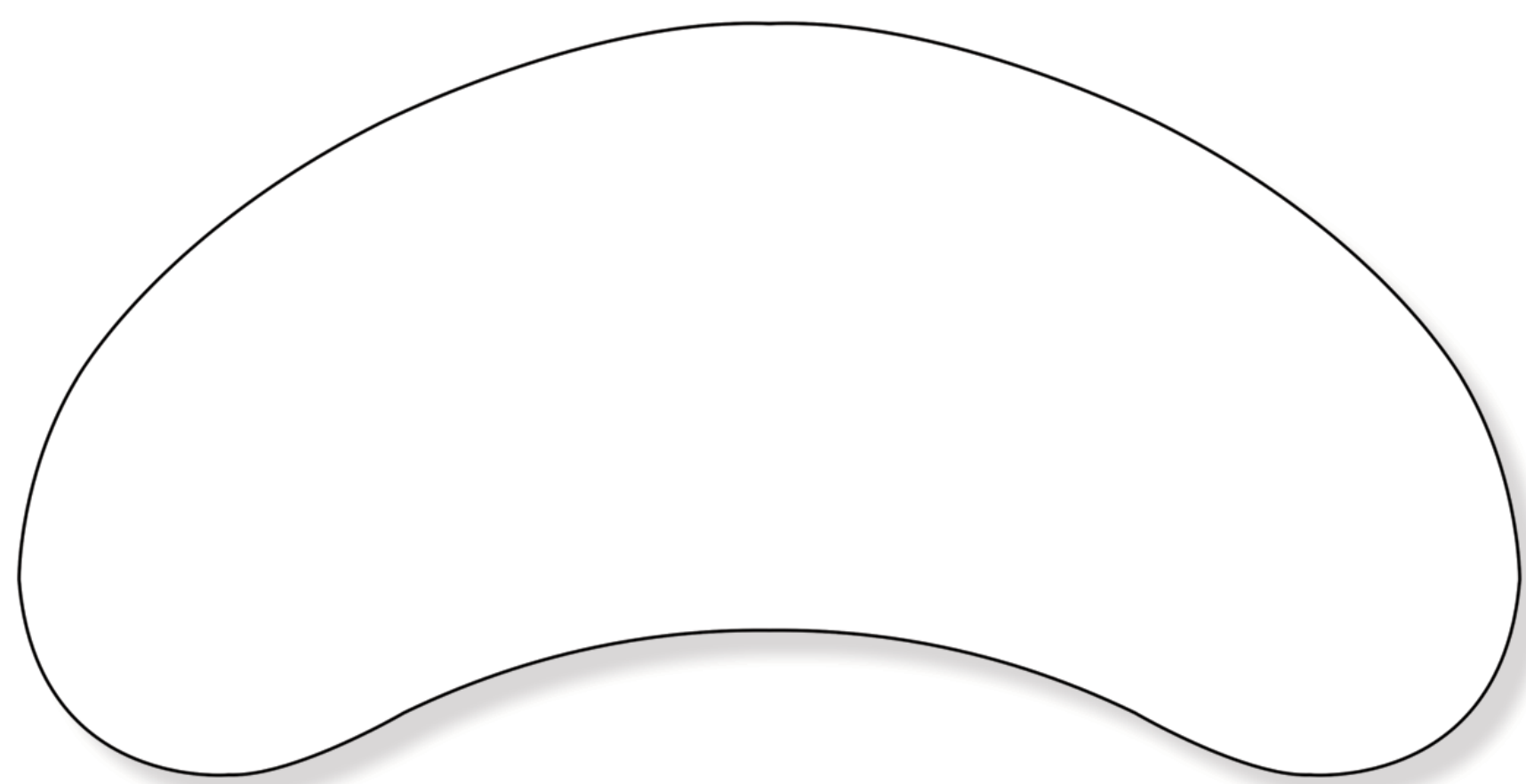
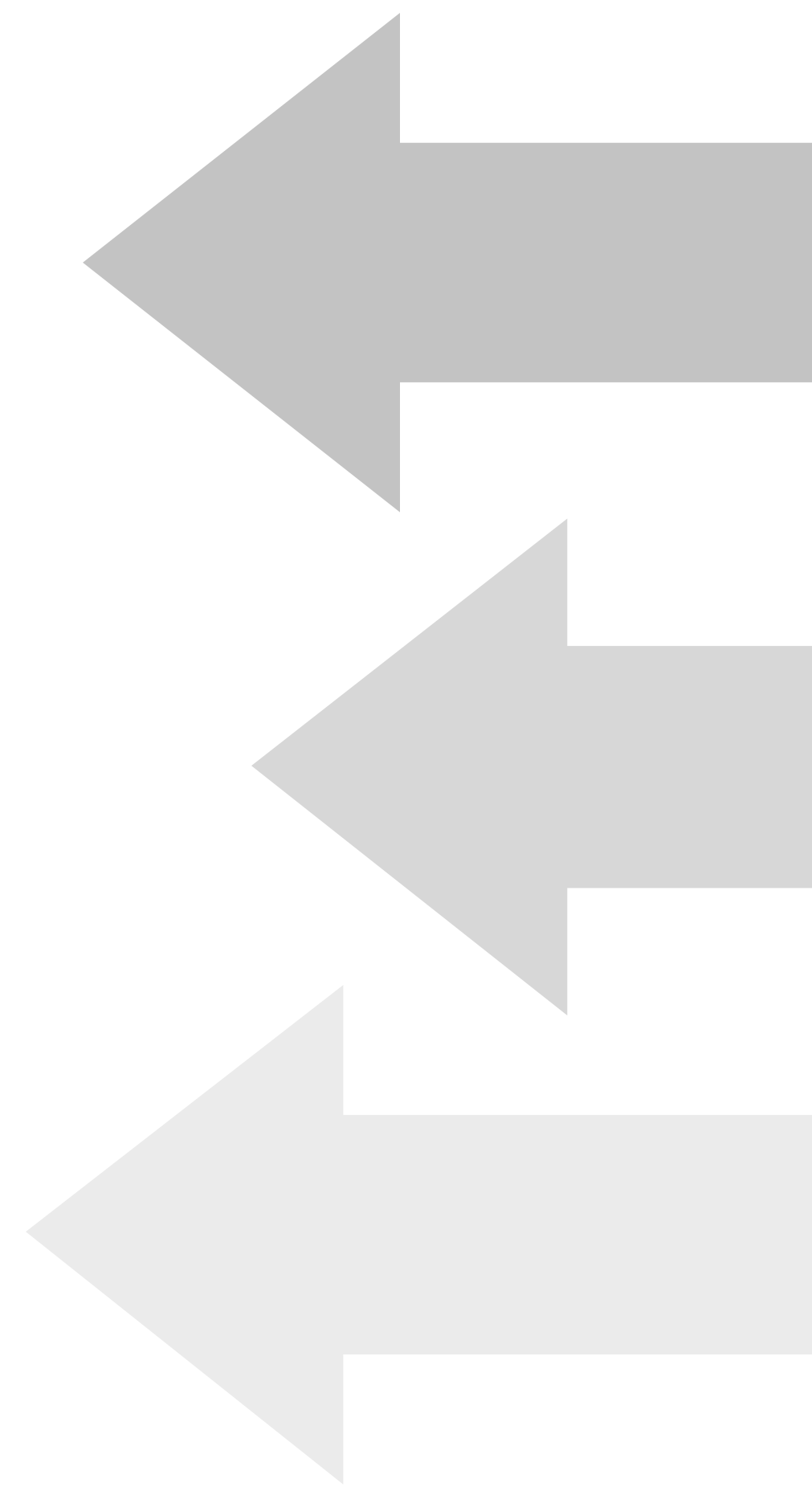




FRONT VIEW STYLE MAP



PLACEMENT & DIRECTION MAP



GEL PAD MAP

BEFORE *Photos*

INSERT
FRONT VIEW
FULL FACE

INSERT
TOP VIEW
EYES CLOSED

INSERT
SIDE PROFILE

INSERT
CLOSE-UP
RIGHT EYE
OPEN

INSERT
CLOSE-UP
LEFT EYE
OPEN

INSERT
CLOSE-UP
RIGHT EYE
CLOSED

INSERT
CLOSE-UP
LEFT EYE
CLOSED

INSERT
RIGHT SIDE
FULL FACE
AT AN ANGLE

INSERT
LEFT SIDE
FULL FACE
AT AN ANGLE

AFTER *Photos*

INSERT
FRONT VIEW
FULL FACE

INSERT
TOP VIEW
EYES CLOSED

INSERT
SIDE PROFILE

INSERT
CLOSE-UP
RIGHT EYE
OPEN

INSERT
CLOSE-UP
LEFT EYE
OPEN

INSERT
CLOSE-UP
RIGHT EYE
CLOSED

INSERT
CLOSE-UP
LEFT EYE
CLOSED

INSERT
RIGHT SIDE
FULL FACE
AT AN ANGLE

INSERT
LEFT SIDE
FULL FACE
AT AN ANGLE

Photos
BEFORE + AFTER

INSERT
FAVORITE
BEFORE PIC

INSERT
FAVORITE
AFTER PIC

INSERT
FAVORITE
BEFORE PIC

INSERT
FAVORITE
AFTER PIC

Notes Cont:

A large empty rectangular box with a double border, intended for notes. The box is centered on the page and occupies most of the lower half. It consists of two concentric rectangles, with the inner one being slightly smaller than the outer one, creating a double-line border.

Pro Series

USER GUIDE

Tools YOU'LL NEED:

- Tablet (iPad Pro or Android/Windows device)
- GoodNotes App or equivalent
- Apple Pencil / Stylus
- Creative Energy (We're sending you those good vibes, boo!)

Let's GET STARTED:

1 Upon download, open the Pro Series document using your favorite note taking app on iPad Pro or Android/Windows tablet. Our go to app and Maven favorite is GoodNotes. You can use almost any note taking app, however the record keeping/orgizational capability of GoodNotes is second to none. We suggest learning the functionality of GoodNotes to make the most of your user experience! Visit the GoodNotes website to view their User Guide.

www.goodnotesapp.com

2 Save the Maven Pro Series document as a template - assigning it as your master copy. Give it a catchy name, something you'll remember not to edit. "Template" is kinda lame y'all, let's have some fun! Within GoodNotes you can create custom categories and save your documents accordingly.

3 Create a record for each client by duplicating the master copy and saving the new document using your clients full name. GoodNotes will store your documents alphabetically making it simple to located and search for client records. Halleujah!

*See the attached page on how to input your own consent form into the Maven Pro Series document or contact us to discuss custom consent form options! (Insert disco dancer emoji). Let's go!

4 Begin adding details to your client record. For clarification on how to use each page in the Pro Series document, please see the descriptions included in this How To Guide.

- Don't worry about losing information you've added to your documents. GoodNotes automatically saves your work when you exit. Choose to export client documents into PDF format making it simple to print or back up files onto a computer.

+ Let's keep this party going and to take a walkthru of each Pro Series page.



It's possible to add your own consent form to the Maven Pro Series documents.

How TO:

- 1 Make sure your master template is open or active within GoodNotes. Any changes to make to the master document can then be duplicated for each and every client.
- 2 Email your consent form in PDF format to yourself. Using your iPad Pro or Android/Windows tablet, download and open the document, choosing "Import with GoodNotes".

You'll be prompted with four options:

Import Above
Import Below
Create New Document
Cancel

- 3 Choose where you'd like the consent form to land within your document using the above or below option. Keep in mind, you're able to arrange the order of your document pages at any time, using the "Contents" button (view GoodNotes user guide for more details). We like our consent form to be the first document after the cover page.



Use the Style Guide document to record client details including, face shape, eye shape, eye details, eye set, eye pitch and styling specifications.

Work directly on client photo and lash map below.



Use the Lash Maps document to assess three important areas. First, assess your clients features (front view), drawing your map/design directly on the cropped image imported from your photos. Second, map your placement and direction in the center section. Note the angle and transition, using arrows to indicate directional flow. Lastly, create your gel pad maps to save time when recreating your design at infill appointments. Once this guide is created, simply transfer details from your client record to the gel pad using a fine tip Sharpie marker.



Use the Natural Lash Health document to record the condition, length and coverage details of clients natural lashes. Indicate any areas of concern along the lash line. Record notations or capture photos in the notes section.



Use the Before Photos document to capture client before pictures including close up and full face images.



Use the After Photos document to capture client after pictures including close up and full face images.



Use the Notes document to record additional client notations. Duplicate this page to continue notes for long standing clients.



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