Business name _____

Lash Lift Consent

The lift solution is applied right next to the eye, so irritation or a chemical reaction there is the main risk: a patch test at least 24–48 hours beforehand is the only reliable way to check. Tell your therapist straight away if your eyes sting or water more than expected during the treatment.

Full name

Date of birth

Home address

Have you had a patch test for this solution within the last 6 months, with no reaction?	☐ Yes	☐ No
Any known allergy to lash lift solution or adhesive?	☐ Yes	☐ No
Any eye conditions, recent eye surgery, or do you wear contact lenses?	☐ Yes	☐ No
Are you pregnant or breastfeeding?	☐ Yes	☐ No

☐ I understand the aftercare advice given and agree to follow it.

☐ I confirm the information I've given above is accurate, and I consent to this treatment.

☐ I give my explicit consent for the business named above to use the health information on this form to provide my treatment safely.

Client's signature _____ Date _____

Client's name in capitals _____

Therapist's signature _____ Date _____

Patch test record (for the salon)

Date of the test _____

Product and batch number _____

Where it was applied _____

Result when checked _____

Tested by _____