

SEED 2 SOUL BEAUTY

Lash Service Allergy & Sensitivity Questionnaire

Client Name

Date

Phone

Service

KNOWN ALLERGIES & SENSITIVITIES

Please check any products or ingredients that have caused a known or suspected reaction in the past.

☐ Cyanoacrylate / lash adhesive

☐ Cleansers / cosmetics around the eyes

☐ Latex

☐ Niacinamide or skincare ingredients

☐ Acrylates or cosmetic adhesives

☐ Seasonal/environmental allergies affecting the eyes

☐ Medical tape / adhesive tape

☐ Other

☐ Gel or under-eye pads

☐ No known

PREVIOUS REACTIONS

Have you ever experienced a reaction during or after a lash extension, lash lift, tint, or similar eye-area service?

☐ Yes

☐ No

If yes, describe the product/service, symptoms, and when the reaction occurred:

CURRENT EYE / SKIN STATUS

☐ Redness or irritation

☐ Swelling

☐ Itching

☐ Excessive watering

☐ Sty / pink eye / eye infection

☐ Broken, irritated, or inflamed skin around the eyes

☐ Recent eye surgery, procedure, or injury

☐ None of the above

MEDICATIONS & MEDICAL CONSIDERATIONS

Are you currently using prescription eye drops, topical medications around the eyes, or taking medication that may increase skin or eye sensitivity?

☐ Yes

☐ No

*This questionnaire helps identify potential sensitivities but cannot predict or prevent every allergic reaction.
If you have active eye irritation, infection, or significant swelling, your service may need to be postponed.*

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Allergy & Sensitivity Questionnaire — Continued

ADHESIVE / PATCH TEST HISTORY

Have you previously had a patch test or limited exposure test for lash adhesive or another product used during lash services?

☐ Yes ☐ No ☐ Unsure

If yes, date/result:

CLIENT ACKNOWLEDGMENT

I understand that allergic or sensitivity reactions may occur even when I have previously received lash services without a reaction. I understand that a patch test, when offered or performed, cannot guarantee that a future reaction will not occur. I agree to inform my lash artist immediately if I experience burning, stinging, itching, pain, swelling, difficulty breathing, or other unusual symptoms during or after my service. I confirm that the information I provided on this questionnaire is accurate to the best of my knowledge.

Important:

This form is a screening tool, not a medical diagnosis. If you have a history of severe allergic reactions or are unsure whether a lash service is appropriate for you, consult a qualified healthcare professional before proceeding.

CLIENT CONFIRMATION

☐ I confirm that I have answered the questions above truthfully and have disclosed known allergies, sensitivities, previous reactions, and relevant current symptoms.

Client Signature

Date

Lash Artist

Artist Notes

Keep this questionnaire with the client's service records and update it when allergy or medication information changes.