

CYRENA

Informed Consent Form — Lashes

Lash Lift, Tinting & All Extension Types **Risk level: Medium**

Services Covered

This consent form applies to: Lash Lift · Lash Tinting · Classic Extensions · Hybrid Extensions · Volume Extensions · Mega Volume Extensions · Specialty Effect Extensions · Collagen Eye Patch Treatment · Lash Coating Sealant.

What to Expect

Lash services involve working in close proximity to the eyes using professional-grade adhesives, lifting solutions, and pigments. Extensions are applied using semi-permanent bonding adhesive. Lash lifts use a chemical perming solution to reshape the natural lash curl.

Risks & Considerations

Lash services carry a low-to-medium risk profile. Please read the following carefully:

- Adhesive sensitivity: extension adhesive contains cyanoacrylate. Clients with known adhesive or formaldehyde sensitivity must disclose this.
- Eye irritation: temporary stinging or watering during application is normal. Persistent irritation must be reported immediately.
- Lash lift solution: contains ammonium thioglycolate — not recommended during pregnancy.
- Lash tinting: dye applied near the eye area. A skin sensitivity test is recommended for first-time clients.
- Natural lash damage: improper aftercare (rubbing, picking, use of oil-based products) can cause premature shedding or lash breakage.
- Allergic reaction: in rare cases, clients may develop a reaction up to 72 hours after application.

Health & Contraindication Checklist

Health & Skin Question	Yes	No	If yes, please detail
Do you have a known allergy or sensitivity to adhesives, cyanoacrylate, or formaldehyde?	☐ Yes	☐ No	Details: _____ —
Do you have a history of eye conditions (blepharitis, conjunctivitis, dry eye syndrome, sty)?	☐ Yes	☐ No	Details: _____ —

Do you wear contact lenses? (please remove before your appointment)	☐ Yes	☐ No	Details: _____ —
Are you currently pregnant or breastfeeding?	☐ Yes	☐ No	Details: _____ —
Have you had a reaction to lash extensions, tinting, or lifting products previously?	☐ Yes	☐ No	Details: _____ —
Are you currently taking blood-thinning medication or antihistamines?	☐ Yes	☐ No	Details: _____ —
Do you have alopecia or trichotillomania (hair-pulling disorder)?	☐ Yes	☐ No	Details: _____ —
Have you had eye surgery (LASIK, cataract) in the last 6 months?	☐ Yes	☐ No	Details: _____ —
Do you use eyelash growth serums (e.g. Latisse)? These can affect adhesive bonding.	☐ Yes	☐ No	Details: _____ —

Aftercare Acknowledgement

- Keep lashes dry for 24–48 hours after application or lifting.
- Do not use oil-based makeup removers, cleansers, or eye creams around the lash line.
- Do not rub, pull, or pick at extensions — this can damage natural lashes.
- Sleep on your back or use a silk pillowcase to preserve lash shape.
- Brush lashes daily with the spoolie provided.
- Book infill appointments every 2–3 weeks to maintain the set.

Photography & Social Media Consent

Cyrena Collective may wish to photograph or video the results of your service for use on our website, Instagram, and other marketing channels. This is always optional and your service will never be affected by your decision.

I consent to Cyrena Collective photographing/filming my results and using these images on social media and marketing materials. I understand my face may or may not be included, and I can withdraw this consent at any time.

I consent to photography of results only (e.g. hair, nails, lashes) — no face, no identifying features.

I do not consent to any photography or use of my image for marketing purposes.

CLIENT DECLARATION & SIGNATURE

I confirm that the information provided above is accurate and complete to the best of my knowledge. I understand the nature of the service(s) to be performed, the associated risks, and the aftercare requirements. I consent to the treatment proceeding on this basis.

This consent is required at your first lash service and must be renewed annually or whenever your health circumstances change.

Client full name: _____

Date of birth: _____ **Date of consent:** _____

Signature: _____

Therapist: _____