Karte No			

First Time Counseling Sheet

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Thank you for choosing our salon for your first eyelash extension. Please do not hesitate to voice any concerns you may have. Please let us know if you checked any of the following 10 items. If you did not check any of the conditions, please countinue filling out the rest of the form. I have a headache / a stomachache I have had an infection within the last two weeks I have had pink eye / keratitis within the last week ___ I have strong allergies I have had eye surgery within the last three months (eg. Lasik etc.) I have consumed alcohol within the last four hours 🔲 I feel nauseous / dizzy I am worried about some health issues | might be with a child or | am pregnant (妊娠の可能性、または妊娠中である (ヶ月) months) I would like to receive a full explanation of the risks that apply to the checked conditions above. Please sign if you would like to proceed with todays treatment. Signature Zipcode Address: Date of birth: ^{生年月日} Phone 電話番号 Occupation : 月 Please check the items below that apply to you. (multiple answers possible) About your eye makeup How did you learn about our salon? Hot Pepper Facebook Mascara + eyelash curler Permanent eyelashes Instagram Twitter Blog Salon web page Only mascara Permanent eyelashes + mascara Recommendation (Only eyelash curler False eyelashes Others (Eyeshadow Eyeliner Your social media account* (Eye putti / Eye tape etc. *) Prease write down, if you do not mind. ※差支えなければご記入ください About your today's preferred design Why did you choose our salon? Volume increase Natural look Interested in lashshadow Leave some areas unchanged Price Nearby Selection Cute look Cool look Design Reviews Referred by someone I have been looking for a salon where I could go repeatedly Lower eyelash design I will leave it up to the eyestylist Others (About your preferences About your lifestyle Have thorough counseling ☐ I wear glasses / contact lenses I often use cleansing oils / Guidance on self care and maintenance face masks + イルクレンジング・保湿パックをよく使用する I apply heavy eyeliner Spend treatment time quietly I like heavy eye makeup I go to yoga lessons / swimming Get makeup advice] I touch / rub my eyes often Specific budget I have seen the eye doctor (for reasons other than contact lenses) I have dry eyes Finish by a certain time (Preferred time ・ コンタクト購入以外で眼科に通院している I go to beauty salons for facial I suffer from hay fever treatment Please check after reading and agreeing to the privacy policy below

下記プライパシーポリシーの内容に同意する
We do not use personal information for any reason other than the ones stated below and protect personal information to prevent loss, altering, leakage, etc.
当サロンは、お客様の個人情報について、以下の自動以外での利用をせず、紛失、改ざん・漏洩などの防止に努めます。
1) Customer's treatment record 2) Newsletter and promotions 3) When necessary for keeping customer's eyelash records
1. お客様の施術に対する記録・確認。 2. キャンペーンなどのお知らせやご連絡。 3. その他お客様のまつげの管理に必要な場合。