



To be completed by therapist

Initial Assessment and patch test Record

Name _____

Natural lashes:

Hair colouring	Fair		Red		Dark		White/grey	
Lash length	Very short		Short		Medium		Long	
Lash curvature	Straight		Slightly curved		Very curved		Permed	
Eye shape	Round		Almond		Deep set			

Skin analysis:

Condition	Dry		Oily		Sensitive		normal	
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Patch test record:

Date _____

Brand	<u>Lash base</u>			
Products	Adhesive extra plus	Adhesive sensitive	Primer and Accelerator	Gel Remover
Reaction				
Brand	<u>QBS</u>			
Products	Adhesive ultra plus			Gel Remover
Reaction				

