

# INSALON CONSULTATION GUIDE

## CLIENT CONSULT (completed by guest)

Name:	Phone#:
Address:	
Email:	Salon name:

## YOUR HAIR COLOUR

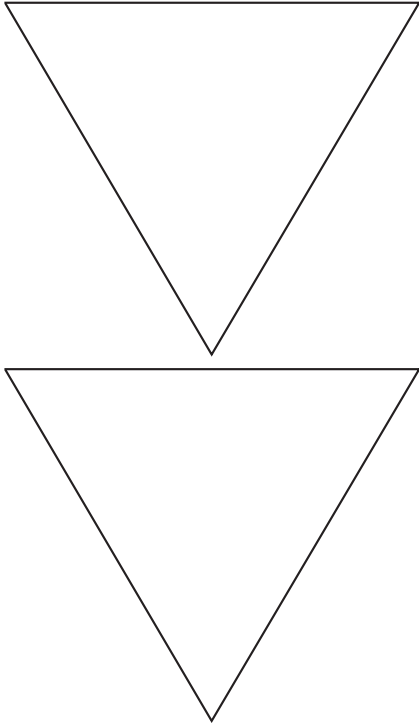
Do you love the colour of your hair?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Would you like to be?	Lighter <input type="checkbox"/>	Darker <input type="checkbox"/>	Stay the Same <input type="checkbox"/>
Would you like the tone of your hair to be?	Warmer <input type="checkbox"/>	Cooler <input type="checkbox"/>	Less Grey <input type="checkbox"/>
Would you like to see any foils/highlights in your hair?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, would you like your foils/highlights?	Lighter <input type="checkbox"/>	Darker <input type="checkbox"/>	

## YOUR HAIR CONDITION

How often do you wash your hair?	Times a week		
What at home care do you use?	Shampoo .....	Conditioner .....	Treatment .....
What styling products do you use?	When Wet .....	When Dry .....	
To style your hair, do you;	Blow Dry? <input type="checkbox"/>	Curl? <input type="checkbox"/>	Straighten? <input type="checkbox"/>

# 3 STEPS TO COLOUR SELECTION (COMPLETED BY STYLIST)

## STEP 1 - About your Guest

What's the existing colour? (mids and ends)	Base 1 <input type="checkbox"/>	Base 2 <input type="checkbox"/>	Base 3 <input type="checkbox"/>	Base 4 <input type="checkbox"/>	Base 5 <input type="checkbox"/>	Base 8 <input type="checkbox"/>	Base 9 <input type="checkbox"/>	Base 10 <input type="checkbox"/>
What's the natural colour? (roots/regrowth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underlying pigment	Red <input type="checkbox"/>	Red <input type="checkbox"/>	Red <input type="checkbox"/>	Red/ Orange <input type="checkbox"/>	Orange/ Red <input type="checkbox"/>	Yellow <input type="checkbox"/>	Pale Yellow <input type="checkbox"/>	Palest Yellow <input type="checkbox"/>
%age of white hair?	No Grey <input type="checkbox"/>	30% <input type="checkbox"/>	50% <input type="checkbox"/>	70% <input type="checkbox"/>	100% <input type="checkbox"/>			
Where is the white hair predominantly?	Front <input type="checkbox"/>	Back <input type="checkbox"/>	Crown <input type="checkbox"/>	Nape <input type="checkbox"/>	All Over <input type="checkbox"/>			
Hair Texture?	Fine <input type="checkbox"/>	Medium <input type="checkbox"/>	Coarse <input type="checkbox"/>					
Hair Condition?	Healthy <input type="checkbox"/>	Resistant <input type="checkbox"/>	Porous <input type="checkbox"/>					
Hair Length?	Short <input type="checkbox"/>	Medium <input type="checkbox"/>	Long <input type="checkbox"/>					
Eye Colour?	Brown <input type="checkbox"/>	Blue <input type="checkbox"/>	Green <input type="checkbox"/>	Grey <input type="checkbox"/>				
Skin Tone?	Warm <input type="checkbox"/>	Cool <input type="checkbox"/>	Neutral <input type="checkbox"/>					

## STEP 2 - What does your guest want?

Depth of colour?	Same <input type="checkbox"/>	Lighter <input type="checkbox"/>	Darker <input type="checkbox"/>					
Type of Colour?	Semi <input type="checkbox"/>	Demi <input type="checkbox"/>	Permanent <input type="checkbox"/>					
Tone of Colour?	1 Ash <input type="checkbox"/>	2 Violet <input type="checkbox"/>	3 Gold <input type="checkbox"/>	4 Copper <input type="checkbox"/>	5 Mahogany <input type="checkbox"/>	6 Red <input type="checkbox"/>	7 Green <input type="checkbox"/>	8 Blue Violet <input type="checkbox"/>

## STEP 3 - What colour are you going to use?

	Product Choice	Colour	Developer	Processing Time
Result & Technique				