



CONSULTATION FORM

Hotheads® suggests a thorough evaluation during the consultation process to ensure a successful extension application.

Client Name: _____

Consultation Date ____/____/____

Phone: _____

Application Date ____/____/____

E-mail: _____

Instagram _____

SCALP & HAIR ANALYSIS

- Scalp irritation
- Damaged hair
- Thinning
- Excessive active shedding

HAIR DENSITY

- Fine
- Fine/Medium
- Medium
- Medium/Thick
- Thick

HAIR TYPE

- Normal
- Dry
- Oily
- Mixed

LIFESTYLE

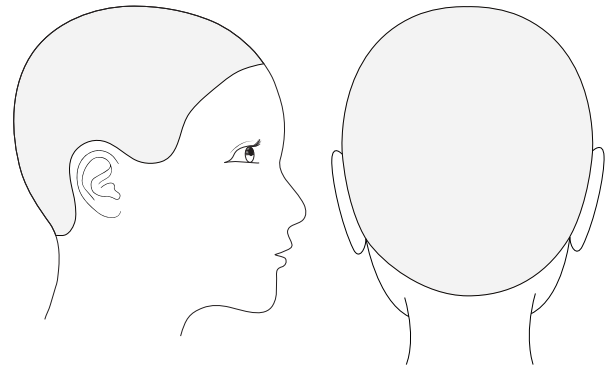
- Exercises frequently
- Swims frequently (ocean or pool)
- Washes more than 2x/week
- Often wears upstyles

DESIRED LOOK

- Volume only
- Volume & Length
- Color effects
- Dramatic length transformation

COLOR MATCH

- Root/Base _____
- Midlengths _____
- Ends _____
- Accent color(s) _____
- Highlights _____



SUGGESTED HAIR ORDER

EXTENSION PRODUCT (Tape, Weft, Fusion)	DESCRIPTION (Original, Ultimate, Micro, Hand-Tied, Machine Weft)	COLOR	LENGTH	NUMBER OF PACKS

TOTAL COST: (i.e., cost of hair + service charge) _____

DEPOSIT: (i.e., 50% of total) _____

TOTAL DUE ON APPLICATION DAY: _____

REMOVAL COST: _____

REAPPLICATION COST: _____ REVIEWED AT-HOME CARE & MAINTENANCE: