



Client Consultation

Personal Details

Forename:

Surname:

Date of Birth: Age:

Address:

.....

..... Postcode:

Telephone: Mobile:

Email:

Client Information

Yes No

- Have you ever suffered from hair loss? Yes No
- Do you take any medication? Yes No
- Are you pregnant or have you recently given birth? Yes No
- Do you have a sensitive scalp? Yes No
- Do you frequently swim or go to the gym? Yes No
- Do you have any known allergies? Yes No
- If yes, please state
- Do you currently colour your hair? Yes No
- If yes, how often?
- Have you used hair extensions before? Yes No
- If yes, which method?

For Hair Extensions Technician

Yes No

- Client's length and type of hair
- Are hair extensions suitable for your client? Yes No
- Type of hair extensions
- How many extensions to add
- Hair extensions colours required

Date	Details	Comment	Charge	Sign

I have read the information and if I have any concerns, I will address these with my Extensionist. I give permission for my Extensionist to perform the hair treatment as discussed and will not hold them or their staff responsible for any adverse reaction to the treatment. I have given accurate answers to the questions asked including all known allergies or prescription drugs or products I am currently using. I understand my Extensionist will take every precaution to minimise or eliminate any negative reaction as much as possible.

Name:

Signature: Date: