

Name:

DOB:

Email:

Tel:

## Client Consultation

	Yes	No	Comments
1. Has your client had hair extensions previously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. Has your client had issues with hair extensions previously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3. Is your client currently taking medication or undergoing medical treatment that may affect their hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4. Does your client currently/previously suffer with hair loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5. Does your client currently/previously have scalp sensitivity or a condition that affects their scalp/hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6. Does your client have any allergies? Have they had any reactions to hair services or products in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7. Is your client pregnant or been pregnant in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
8. Is your client aware how swimming and/or attending the gym on a regular basis may affect hair extensions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
9. Is your client aware that when on holiday (inc. UK), sea water, pool water and suncream may discolour hair extensions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>



## Stylist checks

1. Any suspected diseases or infections:

2. Any hair growth patterns:

3. Customer hair type:

4. Porosity test results:

5. Elasticity test results:

I can confirm that I have answered the questions overleaf accurately and understand that withholding information from my stylist will hold me responsible for any issues caused. I agree that I will not change the colour or length of my hair before this service. I can also confirm that maintenance appointments must be attended as advised. I will use the correct aftercare products and follow all the guidelines advised by my stylist.

Signed by client

Date

Signed by stylist

Date