

Client Consultation & Agreement Form



Client name _____ Tel No: _____
Address: _____
Email: _____

Medical:

Do you suffer from any health problems which may cause extensions to be unsuitable	YES	NO
Are you taking any medication which affects your hair growth	YES	NO
Do you suffer from eczema, psoriasis, itchy or sensitive scalp	YES	NO
Have you ever suffered from Alopecia or any type of hair loss	YES	NO
Have you ever had chemotherapy treatment	YES	NO
Are you pregnant or given birth in the last 6 months	YES	NO
Are you allergic to anything that you know of	YES	NO
Do you suffer from greasy hair	YES	NO
Do any particular products cause your scalp to itch, become dry or greasy	YES	NO

Lifestyle:

Do you swim regularly	YES	NO
Do you exercise regularly	YES	NO
Do you use saunas or steam rooms	YES	NO
Do you use sun beds	YES	NO
Do you wear protective head gear including those for sport use	YES	NO
Are you going on holiday	YES	NO
Do you wear glasses	YES	NO
Have you ever had extensions before	YES	NO
Are you prepared to take advice and follow the aftercare guidelines provided	YES	NO

Clients hair:

Have you checked the hair for breakage and elasticity	YES	NO
Does the clients hair spring back	YES	NO
Did the clients hair break	YES	NO
Carried out a skin test?	YES	NO

Is the clients hair bleached	YES	NO
Overall, is the clients hair condition good	YES	NO
Is the clients hair suitable to proceed with the application	YES	NO

Extension/Application requirements:

Product	Grams/Strands	Length	Colour	Batch code

Your Costs:

Initial Fitting	Maintenance	Removal	Re-tipping	Re-fitting

Additional Requirements? _____

Has the client read and understood the aftercare guidelines and agreed to the terms: Yes / No

Appointment date: _____ Time: _____ Deposit Received:£ _____

Disclaimer: note deposits are non-refundable. I certify that the information provided for this consultation is true and accurate and that I have read and agreed to the contents of the aftercare advice on hairxtensions.co.uk and also agree to carry out the advice given to me. I will not hold the salon or extensionist responsible for any damages or injury caused by me failing to comply with the advice given or providing any inaccurate information at any time. I agree that I will attend maintenance appointments as advised by my stylist and attend the removal appointment with my extensionist for correct removal and in the timescale advised by your extensionist. I agree to use the HairXtensions.co.uk range of aftercare products to help maintain the quality of my extensions. If I am unhappy with the hair, service or fitting of the extensions, I must give the extensionist and salon the opportunity to rectify any issues and follow procedures in place by HairXtensions.co.uk. Removal must be carried out by the extensionist or salon who provided the initial fitting. I understand that failure to comply to the above exempts me from any entitlement to a refund should any issue occur. If I feel the extensions are not what was expected or not suitable, then I understand a refund will not be given.

Stylist signature: _____ Client signature: _____ Date: _____

Find aftercare advice on hairxtensions.co.uk