

SPECTRUM ONE

CONSULTATION FORM-I-TIP & NANO

SPECTRUM

ONE

HAIR EXTENSIONS

Name

Address

Phone Number Email

Name of Salon Name of Stylist

Date of Consultation Date of Application

Do you have an allergy to aluminium or copper? (please delete the following as appropriate)

Do you suffer from any illness that could lead to hair loss?

Are you on any medication that can result in hair loss?

Have you got any medical history of illness or treatment that is linked to hair loss?

Do you suffer from any scalp conditions or sensitive scalp?

Are you pregnant or recently given birth?

If yes to any of the above, please detail

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(The following is to be completed by stylist)

Condition of clients Natural Hair

Strong Normal Weak/Fragile Extremely Fragile Weak/Fine Areas

Stylist notes

Condition of clients Scalp

Normal Slightly Red Sign of irritation

Stylist notes

Spectrum One Hair Details (To be fitted)

Type/system of hair Length

Colour Number of strands applied

Spectrum One Secure Bead System

Size Colour

Notes for client for home/after care procedures and product recommendations by stylist:

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Total Amount: £..... **Deposit Amount:** £..... **Date:**

I certify that I have filled out this consultation form to the best of my knowledge and supplied the correct information and I will not hold the salon/stylist/Spectrum One responsible for any damage cause by incorrect information provided.

I agree to follow my stylists advice and that given by Spectrum One Hair to care for my hair extensions at home.

Signed Client **Signed Stylist**.....