

# TELL US ABOUT YOUR HAIR

How would you describe your hair?

curly  wavy  frizzy  straight  fine  medium  coarse/thick

How would you describe your scalp? normal  dry  oily  itchy  flaky

How would you describe the condition of your hair? healthy  oily  dry  damaged

What is your styling routine? dry naturally  blow-dry  straighten/curl using irons etc.

What products are you using? shampoo  conditioner  masks  leave-in/styling products

Where do you purchase your products? hair salon  supermarket  pharmacy  on-line

What was your last technical salon service?

colour  keratin smoothing  chemical straightening  perm

And when?

Have you ever coloured / permed / keratin your hair at home? Yes  No

If yes, when?

Are you planning on a colour change? Yes  No

If yes, are you wanting to go lighter or darker? Lighter  Darker

## KERATIN SMOOTHING

What are your expectations of a keratin smoothing system?

frizz free  relaxed curl  straight as possible  just more manageable

When your hair has grown out, do you find you have curly roots and straight ends? Yes  No

### IMPORTANT...

I understand to maintain bhave™ smoothing systems I must use bhave™ shampoo and conditioner.

Yes  No

### ATTENTION

For maximum straightening results, heat (hairdryer) is required.

Swimming in salt water and chlorine or over washing your hair will affect the longevity of any smoothing system including bhave™.

To ensure best results and longevity, we highly recommend bhave™ home maintenance, without it we can't guarantee your results.

## COLOUR

What colours do you prefer?

What do / don't you like about your hair?

Are you okay with multiple sessions to achieve your desired results? Yes  No

Is it important to maintain length? Yes  No

Are you willing to maintain your hair with salon professional products? Yes  No

How often do you plan to visit the salon to maintain your hair?

1-2 months  2-4 months  6 months +

# TELL US ABOUT YOURSELF

Have you recently been ill or had surgery? Yes  No

Are you taking any medication? Yes  No

Do you have any allergies or sensitivities? Yes  No

If yes, what? (Eg: nut, wool, essential oils, citrus)

Are you pregnant or breastfeeding? Yes  No

I understand all the home care and maintenance requirements to maintain my healthy new bhaved hair.

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RECOMMENDATIONS

Needs: rescue therapy  smoothe PLUS  smoothe EZ  smoothe XT  home care

## HOME CARE

SHAMPOO	CONDITIONER / MASQUE	LEAVE-IN / STYLING / FINISHING
RESCUE repair <input type="checkbox"/>	RESCUE repair <input type="checkbox"/>	LEAVE-IN CRÈME <input type="checkbox"/>
NOURISH dull, dry <input type="checkbox"/>	NOURISH dull, dry <input type="checkbox"/>	FRIZZ CONTROL CRÈME <input type="checkbox"/>
MAGNIFY volume <input type="checkbox"/>	MAGNIFY volume <input type="checkbox"/>	RIOT CONTROL OIL <input type="checkbox"/>
BLONDE toning <input type="checkbox"/>	BLONDE toning <input type="checkbox"/>	FRESH ENDS <input type="checkbox"/>
HYDRATOR moisture <input type="checkbox"/>	HYDRATOR moisture <input type="checkbox"/>	TEASE ME SHAKE <input type="checkbox"/>
SCALP <input type="checkbox"/>	DEEP conditioning masque <input type="checkbox"/>	GUN POWDER DUST <input type="checkbox"/>
	SLATE toning masque <input type="checkbox"/>	FLEX STYLING PASTE <input type="checkbox"/>
	VIOLET toning masque <input type="checkbox"/>	SLEEK POMADE <input type="checkbox"/>
		CURL DEFINING CRÈME <input type="checkbox"/>
		SUPER NOVA ELIXIR <input type="checkbox"/>
		VOLUMISING FOAM <input type="checkbox"/>
		LET'S SPRAY strong hold hair spray <input type="checkbox"/>

### PROFESSIONAL USE ONLY

Patch test: Yes  No

Result: \_\_\_\_\_

Date of last patch test: \_\_\_\_\_

Strand test: Yes  No

Result: \_\_\_\_\_

Client requests / needs: \_\_\_\_\_