Client Consultation Form

Name ______________________________

Address ______________________________

City, State and Zip ______________________________

Work Phone ______________________________

Cell Phone ______________________________

Email ______________________________

How did you hear about me? ______________________________

Health History

Are you currently taking any prescribed medications? ❑Yes ❑ No If yes, what medication(s)?______________

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Are you currently taking any vitamins or hormones? ❑Yes ❑ No If yes, what vitamins or hormones?__________

Have you ever been treated by a doctor for hair loss or a scalp problem? ❑Yes ❑ No

If yes, when were you last treated? ______________________________

Hair History

Please select any of the following hair services you've received within the past year.

- ❑ Chemical Relaxing or Straightening Treatment How often? __________ Date of last application __________
- ❑ Perm How often? __________ Date of last application __________
- ❑ Texturizing Treatment How often? __________ Date of last application __________
- ❑ Highlighting or Lowlighting How often? __________ Date of last application __________
- ❑ Full Color How often? __________ Date of last application __________

Do you presently have any breakage, thinning areas, or bald spots? ❑Yes ❑ No If yes, where? __________

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Do you suffer from a dry and/or itchy scalp? ❑Yes ❑ No

Have you ever had dandruff? ❑Yes ❑ No

Have you ever had an adverse reaction to products, treatments, or chemicals used on your skin or scalp? ❑Yes ❑ No

If yes, please describe in detail. ______________________________

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Hair Weave and Extension History

Are you currently wearing a weave or hair extensions? ❑ Yes ❑ No If no, please proceed to the next section.

If yes, please select the type from the list below.

- ❑ Sew-In
- ❑ Bond/Glue
- ❑ Infusion
- ❑ Interlock
- ❑ Micro Rings
- ❑ Hair Unit/Replacement
- ❑ Wig
- ❑ Micro Braids
- ❑ Other ______________________

How long does your current style last?

- ❑ 1-2 months
- ❑ 3-4 months
- ❑ 5-6 months
- ❑ Other ______________________

What system are you currently using? ______________________

____

Are you satisfied? ❑ Yes ❑ No If no, why not? ______________________

____

What is your natural hair texture?

- ❑ Wavy
- ❑ Curly
- ❑ Kinky
- ❑ Straight
- ❑ Permed
- ❑ Other ______________________

Style Information

How much time do you want to spend on your hair each day? ______________________

Describe your desired look. What about the look is most appealing to you? ______________________

____

How often do you shampoo and condition your hair?

❑ Daily ❑ Twice per Week ❑ Once per Week

Please list any hair products you currently use on a regular basis. ______________________

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Are you satisfied with your current products? ❑ Yes ❑ No If no, why not? ______________________

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What tools do you use at home to style your hair? Select all that apply.

❑ Blow-dryer ❑ Flat Iron ❑ Curling Iron ❑ Round Brush

Is there any additional information you would like to share about yourself or your hair? ______________________

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