

Hair Extension Consultation Form

Salon / Extension Technician name:

Date of fitting:

Client name:

Contact Number:

Address:

Email Address:

CLIENT TO COMPLETE

Have you had hair extensions before?

YES/NO

If yes, which method have you had fitted before?

Have you ever suffered from hair loss?

YES/NO

If client ticks YES extensionist to assess if extensions are suitable for this client

Have you ever been diagnosed with alopecia?

YES/NO

If client ticks YES extensionist to assess if extensions are suitable for this client

Are you currently taking any medication that causes hair loss, thinning or excessive growth?

YES/NO

If client ticks YES extensionist to assess if extensions are suitable for this client

Have you been pregnant in the last 6 months?

YES/NO

If client ticks YES extensionist to assess if extensions are suitable for this client

Do you suffer from psoriasis or eczema on the scalp?

YES/NO

If client ticks YES extensionist to assess if extensions are suitable for this client

Would you consider yourself to have a sensitive scalp?

YES/NO

If client ticks YES extensionist to assess if extensions are suitable for this client)

Do you have any known allergies?

YES/NO

If client ticks YES extensionist to assess if extensions are suitable for this client

How often do you wash your hair?

Do you colour your hair?

YES/NO

If yes please read aftercare guide- by signing this form you are agreeing that you have read and understand the aftercare guide

Do you frequently go to the gym?

YES/NO

If yes please read aftercare guide- by signing this form you are agreeing that you have read and understand the aftercare guide

Do you go swimming?

YES/NO

If yes please read aftercare guide- by signing this form you are agreeing that you have read and understand the aftercare guide

Do you have any holidays booked?

YES/NO

If yes please read aftercare guide- by signing this form you are agreeing that you have read and understand the aftercare guide

Have you read and agree to Routes aftercare guide?

YES/NO

If no the client should be given this information for a clear guide to caring for Routes hair extensions and how to guarantee the quality of the hair

Please sign to agree that all the above is true and there is no information held from your hair extension technician that you feel they should know. Also you agree that you understand that if you do not purchase the advised products from Routes hair extensions LTD you will have no guarantee on the quality or lifespan of the hair.

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Print Name

.....

Signature

SALON/ EXTENSION TECHNICIAN TO COMPLETE

How would you describe the condition of client's hair?

How would you describe the texture of client's hair?
(Circle one)

Straight, wavy, curly, frizzy

How would you describe the thickness of client's hair?
(Circle one)

Very thick, Thick, Average, Fine, Very fine

What method has been selected to fit to the client?

What shade/shades are to be fitted?

How many strands/wefts of hair are to be fitted?