



Dear Client,

It is my sincerest hope to serve you with the best hair care services you have received. Not only do I want you to be happy with today's visit, but I also want to build a long-lasting relationship with you -- I want to provide your hair care service. To do so, I would like to learn more about you, your hair care needs and your preferences. Please take a moment to answer the questions below as completely and as accurately as possible. *Thank you and I look forward to building a "beautiful" relationship!*

PERSONAL INFORMATION

Name:

Address:

City _____ State _____ Zip Code _____

Phone number: _____

Email

Gender: _____ Female _____ Male Birthdate: _____ / _____ / _____ MM DD YYYY

HEALTH HISTORY Are you currently taking any medication? (Please list)

HAIR HISTORY *Have you ever received or currently receive the following hair services? Please answer to all that apply.* **Relaxer/Perm** _____ How often? _____

What brand? _____ Date of last application _____

Full Color _____ How often? _____ What brand? _____

Date of last application _____ **Highlights/Streaks** _____ How often? _____
What brand? _____ Date of last application _____

Have you ever been treated by a doctor for hair loss or scalp problem? _____

When? _____ Name of Doctor _____

Results _____

Results _____

Do you presently have any hairline breakage, thinning areas, or bald spots? _____ What areas? _____

Have you ever had any allergic response or adverse reactions to substances put onto your skin or scalp? **Please give**

details _____

HAIR WEAVE & EXTENSION HISTORY *Have you ever received or currently have the following hair weave or extension services? Check all that apply.*

_____ Sew-In _____ Bond/Glue _____ Infusion _____ Interlock _____ Hair Unit /Replacement, Wig _____ Micro Braids _____ Other _____

Are you presently wearing weave or extensions? _____ What type? _____

How long does your weave/extension style last? Please select from the following.

1 to 2 months _____ 3 to 4 months _____ 5 to 6 months _____ Other _____

What is your hair texture? Wavy _____ Curly _____ Kinky _____ Relaxed Straight _____

Permed _____ Other _____

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

What is your desired look and why?

HAIR MAINTENENCE HISTORY *How often do you shampoo & condition your hair? Please select from the following.*

Daily ____ 1x week ____ 2x week ____ Every 2 weeks ____ Every 3 to 4 weeks ____ Other

What name brand shampoo are you presently using?

What name brand conditioner are you presently using?

Do you suffer from dry, itchy, scalp? _____ Do you have problem with dandruff?

How often do you use curling irons, flat irons, blow-dryer, or any other hair heated appliance? Please select one of the following. Daily ____ 1x week ____ 2-3x week ____ Other

_____ How often do you visit a salon? _____ Reason?

LIFESTYLE

Do you exercise consistently? Daily ____ 1x week ____ 2x week ____ Every 2 weeks ____ 3 to 4 weeks ____ Other _____

Do you perspire heavily? _____ How well does your hair hold up?

What activities or hobbies do you participate in regularly?

How did you hear about my services?

Referral Name

I understand that the above information will be kept confidential and is accurate to the best of my knowledge.

Signature _____ Date _____

Please check here is signing for a minor (under 18yrs of age): _____

Please Email to: feliciajeffries@hairtherapy.info