

Confidential Personal Consultation Record Quote Number: \_\_\_\_\_\_\_\_

To help us with your consultation, please complete as fully as possible: BLOCK CAPITALS

1. Client Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Address (Inc Zip Code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Home telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Mobile Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. How did you hear of this service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Have you had a FUE/FUT transplant? – If so, please provide date: Yes or No \_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Have you ever had a regular/standard tattoo? Yes or No
11. How long have you been losing your hair? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Are you currently using any hair loss products such as a hair system, medication, topical lotions/foams? If so which types: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. How often do you cut your hair? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. Would you like to receive our latest news? Yes or No
15. Are you following FlawlessFade\_SMP on Instagram? Yes or No
16. Do you give consent to Flawless Fade SMP to use your image, post pictures, and include you in videos to be posted online? Yes or No



To Be Completed by consultant:

Date: Consultant: Location:

A person's head with baldness

Description automatically generated

General condition of the scalp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skin tone: Light Medium Dark

Hair Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scarring present?: Yes No

Does Client wish to conceal scarring?: Yes No

Client comments or special requests?: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation given Amount +VAT: $\_\_\_\_\_\_\_\_\_\_ Number of sessions quoted: \_\_\_\_\_\_\_\_\_\_\_

Session 1 Hours: \_\_\_\_\_\_\_\_ Session 2 Hours: \_\_\_\_\_\_\_\_\_

Session 3 Hours: \_\_\_\_\_\_\_\_ Session 4 Hours: \_\_\_\_\_\_\_\_\_

Consultation T&C and Quotation Issued: \_\_\_\_\_\_

Comments, Notes, Observations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_