



HAIR SYSTEM INTAKE FORM

GENERAL INFO :

- Name _____ • Phone Number _____
- E-mail _____ • Address: _____
- How did you hear about us? _____

HAIR LOSS INFORMATION

- Do you have a photo of when you last really liked your hair?
- At what age did your hair loss begin?
- Have you been diagnosed by a doctor or dermatologist for a specific type or hair loss?
- How long have you been thinking about doing something positive regarding your hair loss?
- Are there any medications you are taking with hair loss being a side effect?
(Please check all that apply)

☐ Acne medications containing vitamin A (retinoids) ☐ Antibiotics and antifungal drugs
☐ Antidepressants ☐ Birth control pills ☐ Anti-clotting drugs ☐ Cholesterol-lowering drugs
☐ Drugs that suppress the immune system ☐ Drugs that treat breast cancer and other cancers
☐ Epilepsy drugs (anticonvulsants) ☐ High blood pressure medications (antihypertensives), such as beta-blockers, ACE inhibitors, and diuretics ☐ Hormone replacement therapy
☐ Mood stabilizers ☐ Nonsteroidal anti-inflammatory drugs (NSAIDs) ☐ Parkinson's disease drugs
☐ Steroids ☐ Tamoxifen blocks the estrogen receptor to prevent breast cancer. ☐ Thyroid medications ☐ Weight loss drugs

- Have you tried any proactive measures to slow down your hair loss? ☐ Minoxidil
☐ Rogaine ☐ Dermatologist ☐ Home Rogaine ☐ Dermatologist ☐ Home Remedies
☐ Shampoo ☐ Conditioners ☐ Topical Products

LIFESTYLE

- How active are you? _____
- What activities in the day cause you to sweat? _____
- How often are you in the sun? _____

INTAKE FORM CONTINUED

- In your opinion is your scalp dry, oily, or normal? _____
- How often do you wear hats, scarves, or headbands? _____
- Do you wear a helmet/hardhat of any kind regularly? _____
- Do you swim in a pool or ocean regularly? _____
- Are there any harsh wind activities that you are involved in? Convertible, Amusement Parks, Motorcycles, Boating, etc. _____

CURRENT HAIRCARE REGIMEN

- Did you know healthy hair growth begins with a healthy scalp? _____
- How often do you currently shampoo your hair and scalp? _____
- Do you blow dry or air dry your hair? _____
- What haircare products do you currently use? _____
- Do you use hot tools for styling? _____
- How much time do you currently spend on your hair? _____
- Do you use any kind of styling products? If so, what kind? _____
- What is the most important thing you'd like to improve about your hair?
☐ Scalp Coverage ☐ Volume ☐ Thicker/fuller hair ☐ Length ☐ Color ☐ Style

COMMITMENT IS THE KEY TO SUCCESS

- ☐ TIME: Making a consultation appointment
- ☐ INVESTMENT: Paying for the solution chosen and on going cost
- ☐ EDUCATION: Specialist commits to teaching and client commits to learning
- ☐ PHYSICAL ABILITY: Choosing a style the client can take care of and maintain regimen with at home care.
- ☐ TIME: Styling takes time. Committing to scheduled appointments take time.

CLIENT COMMITMENT – Things to consider

- How often can you commit to coming into the salon? (every 4 weeks is recommended)
- Are you able to commit to at home maintenance?
- How much time are you willing to spend daily on their new hair?

STYLIST'S COMMITMENT

- Education for the client and anyone that may be involved in taking care of the hair
- Being honest and realistic about what can be achieved with the Solution that has been chosen
- Making professional recommendations if what you are asking for is not a great option
- Making time to commit her schedule to care for you and your hair system needs (usually done at the 4 week appointments)