

Haircut Consultation Questionnaire

Personal Information

1. Name: _____ 2. Email Address: _____ 3. Phone Number: _____

Hair History

4. What is your natural hair color? _____

5. Have you had a haircut in the last six months? Y or N

If yes, please describe your most recent haircut: _____

6. Are you currently wearing any specific hairstyles? _____

Current Hair Condition

7. How would you describe the current condition of your hair? (Select all that apply)

☐ Healthy ☐ Dry ☐ Damaged ☐ Fine ☐ Thick ☐ Oily

☐ Other: _____

8. Do you have any special concerns regarding your hair? (e.g., thinning, breakage, etc.) _____

Desired Style

9. What type of haircut are you interested in? (Select all that apply)

☐ Trim ☐ Length reduction ☐ Layered cut ☐ Bob ☐ Pixie cut

☐ Other: _____

10. Are there specific styles or techniques you want to avoid? _____

Maintenance and Lifestyle

11. How much time do you typically spend styling your hair each day? _____

12. How often do you prefer to get your hair cut? _____

☐ Every month ☐ Every 6-8 weeks ☐ Every 3 months

☐ Other: _____

13. Do you use specific hair care products? _____

Additional Information

14. Is there anything else you would like me to know about your hair or your expectations? _____

Consent

15. May I contact you regarding your appointment or any follow-up questions? Yes or No