

Head Spa Treatment Pre-Consultation Form

Please take a moment to fill out this form before your treatment. The information provided will help us personalize your experience and ensure your safety during the session. **This document has 2 sides: front and back. Please answer all questions to the best of your ability.**

Personal Information

- **Full Name:** _____ **Age (optional):** _____
 - **Phone Number:** _____
 - **Email Address:** _____
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Allergy Information

1. **Do you have any known allergies?**

☐ Yes ☐ No

If yes, please specify the allergy type(s) (e.g., skin, food, fragrance, etc.):

2. **Have you ever experienced any skin irritation, rashes, or discomfort from hair products or oils?**

☐ Yes ☐ No

If yes, please describe:

3. **Are you currently taking any medication that might affect your skin or scalp?**

☐ Yes ☐ No

If yes, please list them:

Hair Care Routine

6. **How often do you wash your hair?**

☐ Daily ☐ 2-3 times a week ☐ Once a week ☐ Less frequently

7. **Do you use any additional hair care products regularly (e.g., conditioner, hair masks, serums, oils)?**

☐ Yes

☐ No

If yes, please list the products:

8. **Do you experience any of the following scalp conditions?**

(Check all that apply)

☐ Dryness or flakiness

☐ Itching or irritation

☐ Oily scalp

☐ Dandruff

☐ Sensitive scalp

☐ No issues

☐ Other (please specify): _____

9. **Do you use any heat styling tools (e.g., blow dryer, flat iron, curling iron)?**

☐ Yes

☐ No

If yes, how frequently do you use them?

10. **Is there any additional information about your hair or scalp health that we should be aware of to provide the best experience for you?**

Acknowledgment and Consent

By signing below, I confirm that the information provided is accurate to the best of my knowledge. I understand that sharing accurate details about my health and preferences is important to ensure a safe and effective head spa treatment.

Signature: _____

Date: _____