



### Chemical Services Questionnaire- Client

This questionnaire will help your stylist assess your needs and hair condition(s), ensuring you receive the most suitable chemical treatment for your hair type and desired results.

#### **Hair History:**

1. What is your natural hair texture? (Straight, Wavy, Curly, Coily)

2. Have you previously undergone any chemical treatments?

If yes, please specify: (Perm, Relaxer, Keratin, Brazilian Blowout, etc.)

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3. When was your last chemical treatment? \_\_\_\_\_

4. Are you currently using any hair treatments or medications?

If so, please list: \_\_\_\_\_

#### **Hair Condition:**

5. How would you describe the current health of your hair? (Healthy, Damaged, Dry, Oily, etc.)

6. Do you experience any specific hair issues? (Frizz, Breakage, Dryness, etc.)

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#### **Desired Results:**

7. Which chemical treatment are you interested in?

(Perm, Relaxer, Keratin Smoothing Treatment, Brazilian Blowout)

8. What is your desired outcome from this treatment?

\_\_\_\_\_

#### **Lifestyle Considerations:**

9. How much time do you typically spend on your hair daily?

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10. How often do you style your hair? (Daily, Weekly, Occasionally)

11. Do you have any upcoming events where you want your hair to look its best?

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**Additional Notes:**

12. Do you have any allergies or sensitivities to hair products?

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13. Is there anything else you would like us to know about your hair or preferences?

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