

WIG CONSULTATION FORM

Hair It Is Mobile Beauty Supply, LLC

CLIENT INFORMATION

Full Name:

Phone Number:

Email Address:

Date of Consultation:

BACKGROUND

1. Have you worn wigs before?

☐ Yes

☐ No

If yes, how long?

2. What is the reason for your wig consultation?

☐ Hair loss / Medical (e.g., cancer, alopecia, lupus)

☐ Thinning hair

☐ Protective style

☐ Fashion / Convenience

☐ Other:

3. Do you have any scalp sensitivity or medical conditions?

☐ Yes

☐ No

If yes, please explain:

STYLE PREFERENCES

4. What look are you going for?

☐ Natural Everyday

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- ☐ Bold / Trendy
- ☐ Glamorous
- ☐ Professional
- ☐ Match Current Hair
- ☐ Other:

5. Preferred hair length:

- ☐ Short
- ☐ Medium
- ☐ Long
- ☐ No preference

6. Preferred hair texture:

- ☐ Straight
- ☐ Wavy
- ☐ Curly
- ☐ Kinky/Coily
- ☐ No preference

7. Desired color(s):

Would you like highlights or ombre?

- ☐ Yes
- ☐ No

8. Parting preference:

- ☐ Middle
- ☐ Side
- ☐ Free Part
- ☐ No preference

CAP FIT & CONSTRUCTION

9. Head Measurements:

- Circumference:

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- Ear to Ear:

- Front to Nape:

10. Preferred cap type:

☐ Full Lace

☐ Lace Front

☐ Closure

☐ Glueless

☐ Not sure - need help deciding

11. How often do you plan to wear your wig?

☐ Daily

☐ Occasionally

☐ During treatment

☐ For events

12. Preferred method of securing the wig:

☐ Elastic band

☐ Wig combs

☐ Adjustable straps

☐ Wig glue/adhesive

☐ Not sure yet

CARE & ACCESSORIES

13. Are you interested in wig maintenance services?

☐ Yes

☐ No

☐ Maybe later

14. Do you need any accessories today?

☐ Wig cap

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☐ Styling products (spray/mousse)

☐ Wig stand

☐ Detangling brush

☐ Adhesive / Remover

☐ Other:

FINAL NOTES

15. Anything else you would like to share or ask?

STYLIST NOTES (For Internal Use):
