

CLIENT QUESTIONNAIRE

Date: _____

Name: _____

Phone: Home _____ Work _____ Cell _____

E-mail _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday _____

1. How did you hear of the Great Lengths hair extension service? _____
2. How did you hear of the Salon/Extension artist? _____
3. What is your reason for wanting Great Length hair extensions? _____
4. Have you ever worn hair extensions before? _____
 - a. If yes, when and what type? _____
5. During any of these services, did you experience excess hair loss or damage to your natural hair?
 - a. If yes, elaborate. _____
6. Are you interested in extensions to help you "grow out" your hair from its present condition? _____

7. What is the longest your hair will grow? _____
8. When was the last time you let it grow to that length? _____
9. What was your reason for cutting it? _____
10. What is your long-term goal for your hair? _____
11. How long do you want your hair? _____
 - a. Bang _____ Sides _____
 - b. Crown _____ Nape _____
13. Where do you want to see the volume? _____
 - a. Bottom of the Hair _____, or throughout? _____
14. Where do you want to see more length? _____

15. What is your normal maintenance program? _____
16. What products do you use at home and how frequently? _____
17. Do you and how often do you get the following services?
a. Color _____ Highlights/ Lowlights _____ Perm _____ Relaxer _____
18. How often do you like to change your style or hair color? _____
19. Does your hair tangle easily? _____
20. Are you presently taking any medication(s) or under a physician's care? Yes No
If yes, what medication? _____
21. Have you been ill, had surgery or on any medication(s) in the past 6 months or year? Yes No
a. If yes, elaborate: _____
22. Are you planning to have surgery in the next 6 months? _____
23. Do you have any allergies (chemicals, medications, substances, materials or any others)?
24. Do you have any medical conditions that may interfere with this service? Yes No
a. IE: Migraines, headaches, history of scalp problems? Please explain: _____

25. Are you presently experiencing an unusual amount of hair loss? _____
a. Reasons: chemotherapy, stress, pregnancy, alopecia, hormones, etc.L _____

26. Special interests or hobbies: _____
27. Work-out or sport activities: _____
28. Do you use tanning beds? Yes No
a. If yes, how often? _____
29. Any questions or concerns regarding the service? _____

CLIENT RELEASE FORM:

I GIVE MY PERMISSION TO _____ (MICHELE'S SALON AND SPA)

TO SHOW OR USE ALL BEFORE AND AFTER PICTURES IN PUBLIC. I WILL NOT RECEIVE ANY
GRATUITY OR FEE.

_____ Date _____

(SIGNATURE)

MEDICAL INTERACTIONS THAT MAY CAUSE HAIR LOSS

Some drugs have been reported as causing hair loss in some individuals. While not everyone will experience hair loss, some drugs are more likely to cause hair loss than others.

The following is a partial list of drugs that have been reported to have a side effect of hair loss:

Cholesterol-lowering drugs

Clofibrate (Atromin-S)
Gemfibrozil (Lopid)

Parkinson's medications

Levodopa (Dopar, Larodopa)

Ulcer drugs

Cimetidine (Tagamet)
Ranitidine (Zantac)
Famotidine (Pepcid)

Anit-coagulents

Coumarin
Heparin

Agents for Gout

Allopurinol (Iopurin, Zyplolrim)

Anti-arthritics

Penicillamine
Auranofin (Ridaura)
Indomethacin (i/Indicin)
Naproxen (Naprosyn)

Sulindac (Clinorilo)

Methotrexate (Folexo)

Anti-convulsants

Trimethadion (Tridione)

Beta Blockers

Atenolol (Tenormin)
Metoprolol (Lopressor)
Nadolol (Corgard)
Propranolol (Inderal)
Timolol (Blocadren)

Anti-Thyroid agents

Carbimazole
Iodine
Thiocyanate
Thiouracil

Calcium Channel Blockers

Calan 240mg.

Others

Blood thinners

Some male hormones

(Anabolic steroids)
Most anti-cancer medications

Drugs derived from vitamin-A

Isotretinoin (Accutane)
Etreinate (Tegison)

Anti-depressants

Tricyclics
Amphetamines

The above drugs are only a few of the drugs that have been reported as contributing toward hair loss. If you suspect your hair loss is due to medication, consult with your doctor and pharmacist.

Source: Health Review Magazine, January 1996 Other resources: www.webmd.com, www.hairloss.com, rxlist

HOME CARE MAINTENANCE (PLEASE ITEMS 1 THRU 10 AND INITIAL EACH AND SIGN)

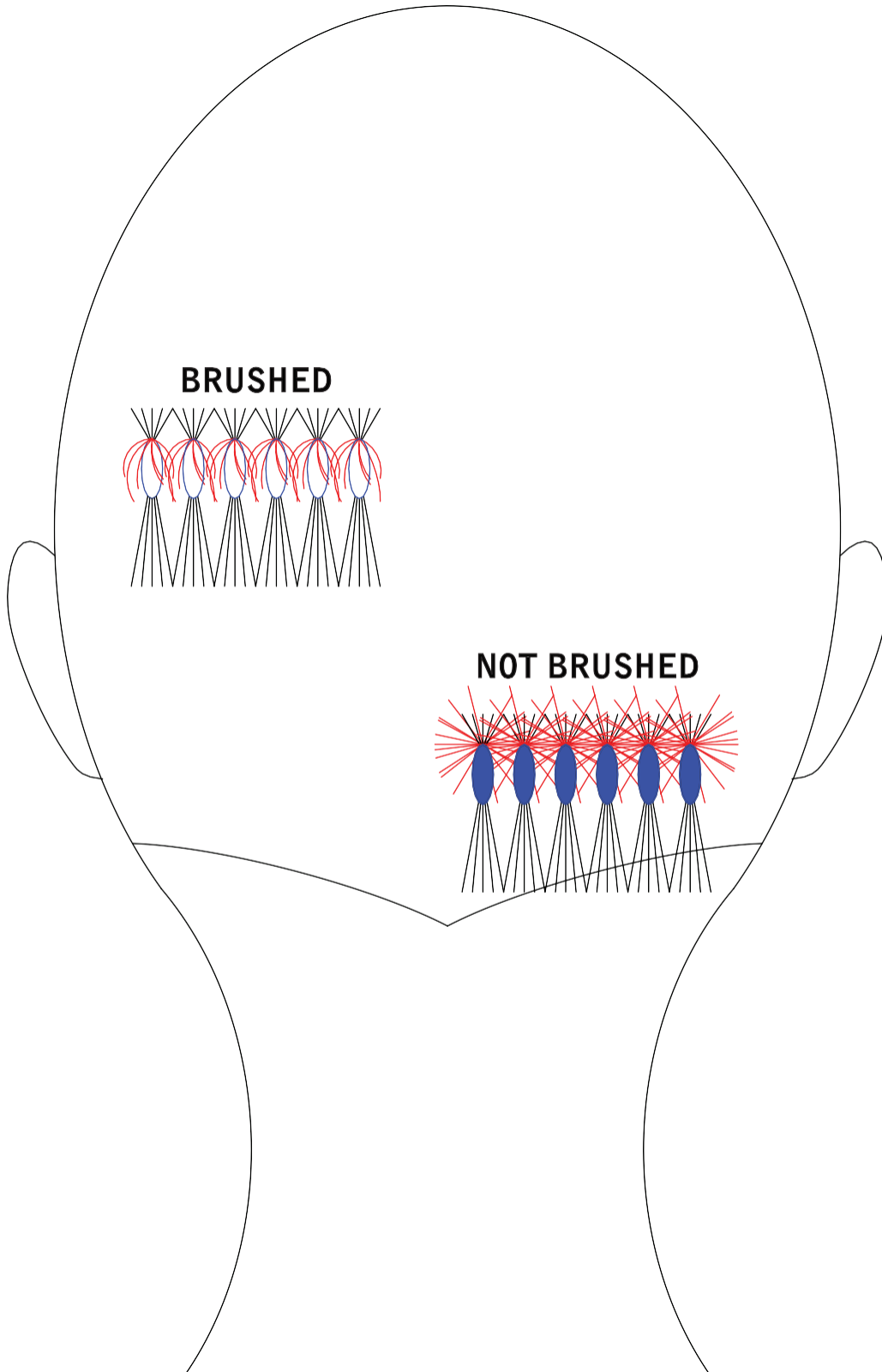
1. Do not shampoo for two days (48 hours). Always shampoo your hair with your head back and not tilted forward. Never dry with a scrubbing action, instead wrap with a towel to absorb water. Always dry bonds to prevent bond breakdown. **CLIENT INITIALS:** _____
2. **Always use Anti-Tap on bonds after every wet treatment.** Anti-Tap is a concentrate and should always be diluted as indicated on the Anti-Tap spray bottle. If you cannot shampoo immediately when the bonds are wet, spray Anti-Tap on the bonds and then dry the bonds. You will still need to shampoo, apply Anti-Tap and dry the bonds as soon as possible. **CLIENT INITIALS:** _____
3. **Brush Great Lengths three times a day**, with recommended oval brush. Starting at the nape and working up, brush row by row, scalp to ends. If you have curly hair, brush once in the morning and once at night. Use a wide toothed comb to gently remove tangles from mid-shaft to ends. Do not use a comb near the scalp area or the Great Lengths bonds. **CLIENT INITIALS:** _____
4. Always put Great Lengths into a loose ponytail or very loose braid while sleeping or during any activity that has your blowing in the wind. **CLIENT INITIALS:** _____
5. **All the above is extremely important to prevent tangling or matting. DO YOU UNDERSTAND ITEMS 1 – 4 ABOVE?** **CLIENT INITIALS:** _____
6. No tight or high ponytails. No ponytails put up and left wet. **CLIENT INITIALS:** _____
7. **Return to the salon in two weeks for a checkup service:** _____ **CLIENT INITIALS:** _____
8. Curling irons, flat irons and hot rollers may be used, but must be kept an adequate distance from the Great Lengths bond, approximately 1 ½ inches from the attachment site. Or you can hold the attachment site between 2 fingers and the thumb then apply the hot tool below them. DO NOT use a hot blow dryer on the bond area, medium heat only. **CLIENT INITIALS:** _____
9. Leaving your hair damp for extended periods of time can weaken the bond. When swimming and using saunas it is recommended that you apply Anti-Tap to the bond area first. To minimize the lighter hair colors in Great Lengths from absorbing sea salt or pool chemicals wet the hair thoroughly then apply conditioner before you get in the water. When finished shampoo, apply Anti-Tap and blow dry as soon as possible. **CLIENT INITIALS:** _____
10. Some extension loss is normal and to be expected. Average Client hair loss is 50-100 hairs a day. A full head application covers approximately one third of the head. You can expect to see a small quantity of naturally released hairs trapped in the attachments after some time. This is normal and should not be interpreted as hairs pulled out of the scalp by the extensions themselves. Daily brushing close to the scalp and finger separation of the applied strand will avoid matting in this area. Pull trapped hairs back toward scalp to loosen before separating strands. **CLIENT INITIALS:** _____

I have read, initialed and understood my Home Care Maintenance sheet. If I do not follow the above instructions, I understand that Michele's Salon and Spa cannot be held responsible. I understand that if I do not follow the Home Care Maintenance sheet, Michele's Salon and Spa service cannot be held responsible.

Signature: _____ Date: _____

Stylist: _____ Date: _____

BRUSHING ILLUSTRATION



GREAT LENGTHS STYLIST OBSERVATION FORM (Present condition of Client's hair and scalp)

Hair

Texture _____

Density _____ Problem areas due to breakage/thinning _____

Length _____ Style of Cut _____

Natural curl/wave pattern _____

Permwave/relaxer _____

Natural hair color/level _____

Color/highlight(s) _____

Is the Client's hair strong and healthy enough to support the GL strands? _____

Scalp Condition

Normal ___ Tight ___ Loose ___ Dry ___ Oily ___ Scars ___

Previous breakage or bald spots (Take Photos): _____

Other Comments: _____

Is the Client's scalp suitable to sustain additional strands? _____

Is there reason to restrict application or opt for a trial period? _____

Client Name: _____

Client Signature: _____

Date: _____

Stylist Name: _____

Stylist Signature: _____

Date: _____

CLIENT DESIGN INFORMATION

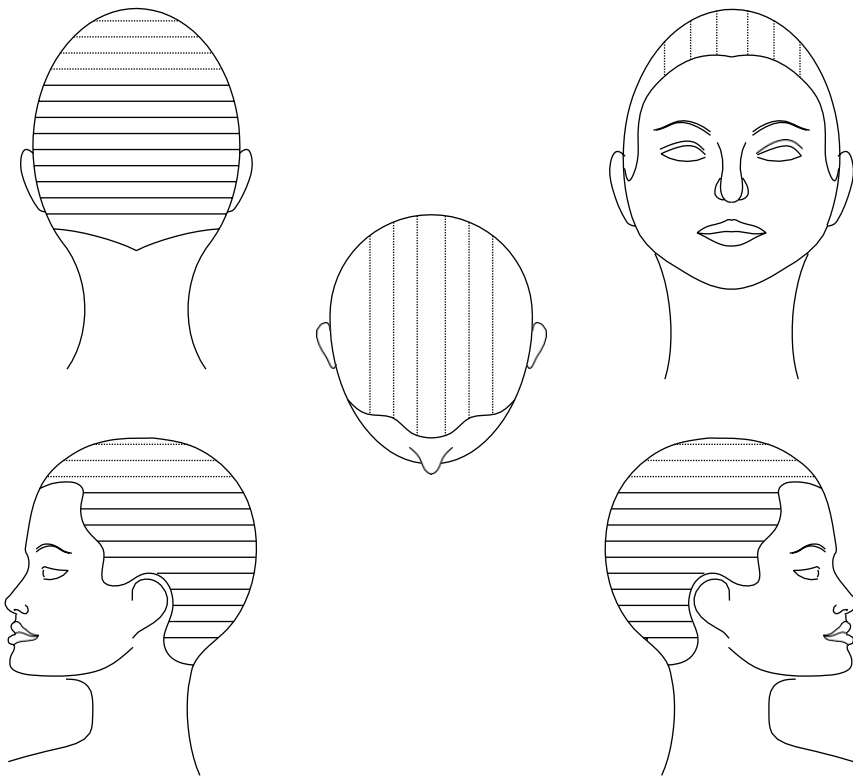
Name _____

Date: _____

Standard Application: Yes _____ No _____ Total # Strands _____ Total #Bundles _____

Price: Pre-blends _____ Price: Chemical work _____ Price: Per Strand _____

Total: _____



	Color #	# Bundles	Length(s)
Light	_____	_____	_____
Medium	_____	_____	_____
Dark	_____	_____	_____
Hilite	_____	_____	_____
Lowlite	_____	_____	_____

EXTENSIONS IMPLEMENTATION RETAINER AGREEMENT

Any cancellation or changes to an appointment must be made 48 hours/days prior to the scheduled appointment and confirmed by your stylist, otherwise the retainer will be forfeited. To reschedule you must make a new appointment and another deposit will be required.

If you change the color or texture of your hair between the consultation and the application appointment, you agree to notify Michele's Salon and Spa **(must speak to your stylist)** prior to the application appointment to schedule a new consultation. A new retainer may be required.

Michele's Salon and Spa requires payment to be guaranteed by a major credit card if you pay by check. If the check is returned, this agreement gives Michele's Salon and Spa the authorization to transpose the amount of the check onto the credit card given. If a major credit card is not available, cash or certified funds is required. Michele's Salon and Spa will protect your privacy rights as a consumer and keep all information strictly confidential.

Card #: _____ Expiration Date: _____
 Signature: _____ Date: _____
 Security#: _____

- Please keep Home Maintenance sheet to insure satisfactory results.
- I have read, initialed and understand my Client questionnaire, Home Care Maintenance sheet and Deposit Agreement.

Appointment Date: _____ Appointment Time: _____

(Please do not have time restrictions the day of your appointment)

Time Required: _____
 Total Price of Application: _____
 50% Retainer required: _____
 Balance Due day of appointment: _____
 Removal will be done for \$ _____ an hour

Client Name: _____
 Client Signature: _____ Date: _____
 Stylist Name: _____
 Stylist Signature: _____ Date: _____