



## Hair Extension Consultation Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ (If under 18, seek parental consent) Stylist: \_\_\_\_\_

*To help us better understand your needs, please answer the following questions:*

### Expectations

1. Why do you want hair extensions? Please be specific.
2. Are you wanting a more temporary solution, or something that will last as long as possible?
3. How long do you want your hair to be? What is your long-term goal for your hair?

### Hair History

4. Have you worn hair extensions before? If yes:
  - a) What type were they? When were they installed?
  - b) How long did you wear them? Was it a good experience?
5. Have you ever experienced excess hair loss or damage to your natural hair due to a hair extension installation service? If yes, please elaborate.
6. Describe your normal hair maintenance routine:
  - a) How often do you wash your hair?
  - b) What products do you use on your hair?
  - c) Do you blow dry your hair or style it with heat appliances (i.e. flat iron, curling iron, hot rollers)? If yes, how often?
  - d) How often do you cut your hair?
  - e) Do you color, perm, or straighten your hair? If yes, how often?
7. What chemical procedures have been performed to your hair in the past 3 years?

## Health

8. Are you currently taking any medication(s), or are you under a physician's care? If yes, please list all medications and/or explain your situation.
9. Have you been ill, undergone surgery, or given birth in the last six months? If yes, please explain.
10. Do you have any allergies? Do you have a sensitive scalp (does the prolonged use of a headband or sunglasses bother you)?
11. Are you currently experiencing an unusual amount of hair loss? If yes, do you know why?

## Lifestyle

12. Do you sunbathe, use a tanning bed, or utilize sunless tanning sprays or lotions?
13. What are your special interests, hobbies, and exercise routines?
14. How often do you like to change your hairstyle or color?

## Extension, Ordering, and Pricing Information

Application Method: \_\_\_\_\_ Number of Packages Used: \_\_\_\_\_

Lot Numbers of Packages: \_\_\_\_\_

Length(s) Used: \_\_\_\_\_ Color(s) Used: \_\_\_\_\_

Custom In-Salon Coloring Price: \_\_\_\_\_ Cutting/Blending Price (if additional): \_\_\_\_\_

Extension Service Price: \_\_\_\_\_ Delivery Charges (if applicable): \_\_\_\_\_

**Total Price for Service(s):** \_\_\_\_\_ **Non Refundable Deposit for Service:** \_\_\_\_\_

I understand that the deposit for this service becomes Non-Refundable after \_\_\_\_\_ (Date). I understand that, should I need to make any changes to my service details after the appointment and deposit have been processed, I may be subject to additional fees.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stylist Signature

\_\_\_\_\_  
Date