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? BE SPECIFIC.
2. ARE YOU WANTING A MORE TEMPORARY SOLUTION, OR SOMETHING THAT WILL BE 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:

1. HAVE YOU WORN EXTENSIONS BEFORE?

IF YES:

1. WHAT TYPE WERE THEY? WHEN WERE THEY INSTALLED?
2. HOW LONG DID YOU WEAR THEM? WAS IT A GOOD EXPERIENCE?
3. HAVE YOU EVER EXPERIENCED EXCESS HAIR LOSS OR DAMAGE TO YOUR NATRAUL HAIR DUE TO A HAIR EXTENSION INSTALLATION SERVICE? IF YES, PLEASE EXPLAIN
4. DESCRIBE YOUR NORMAL HAIR MAINTANCE ROUTINE:
5. HOW OFTEN DO YOU WASH YOUR HAIR?
6. WHAT PRODUCTS DO YOU USE ON YOUR HAIR?
7. DO YOU BLOWDRY YOUR HAIR OR STYLE WITH HEAT APPLIANCES (IE. FLAT IRON, CURLING IRON, HOT ROLLERS)? IF YES HOW OFTEN?
8. HOW OFTEN DO YOU CUT YOUR HAIR?
9. DO YOU COLOR, PERM, OR STRAIGHTEN YOUR HAIR? IF YES HOW OFTEN
10. WHAT CHEMICAL PROCEDURES HAVE BEEN DONE TO YOUR HAIR IN THE LAST 3 YEARS?

HEALTH:

1. ARE YOU CURRENTLY TAKING ANY MEDICATIONS OR UNDER A PHYSICIAN’S CARE? IF YES, PLEASE LIST ALL MEDICATIONS OR EXPLAIN YOUR SITUATION.
2. HAVE YOU BEEN ILL, UNDERGONE SURGERY OR GIVEN BIRTH IN THE LAST 6 MONTHS? IF YES PLEASE EXPLAIN.
3. DO YOU HAVE ANY ALLERGIES? DO YOU HAVE A SENSITIVE SCALP? (IE PROLONG USE OF HEADBANDS OR SUNGLASSES BOTHER YOU)
4. ARE YOU CURRENTLY EXPERIENCING AN UNUSUAL AMOUNT OF HAIR LOSS? IF YES, DO YOU KNOW WHY?

LIFESTYLE:

1. DO YOU SUNBATHE, USE A TANNING BED OR UTILIZE TANNING SPRAYS OR LOTIONS?
2. WAT ARE YOUR SPECIAL INTERESTS, HOBBIES, AND EXCERSIE ROUTINE?
3. HOW OFTEN DO YOU LIKE TO CHANGE YOUR HAIRSTYLE OR COLOR?

EXTENSION, ORDERING, PRICING INFORMATION

APPLICATION METHOD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NUMBER OF PACKS: \_\_\_\_\_\_\_\_\_\_\_



LOT NUMBERS OF PACKAGES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LENGTH USED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR USED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CUSTOM IN SALON COLORING PRICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CUTTING/BLENDING PRICE: \_\_\_\_\_\_\_\_\_

EXTENSION SERVICE PRICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DELIVERY CHARGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL PRICE FOR SERVICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NON-REFUNDABLE DEPOSIT FOR SERVICE: \_\_\_\_\_\_\_\_\_\_\_\_

I UNDERSTAND THAT DEPOSIT FOR THE SERVICE BECOMES NON-REFUNDABLE AFTER \_\_\_\_\_\_\_\_\_\_(DATE)

I UNDERSTAND THAT, SHOULD I NEED TO MAKE ANY CHANGES TO MHY SERVICE DETAILS AFTER THE APPOINTMENT AND DEPSOIT HAVE BEEN PROCESSED, I MAY BE SUBJECT TO ADDITIONAL FEES.

CLIENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STYLIST SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_