

HAIR EXTENSION CLIENT CONSULTATION & CONSENT FORM

Full Name: _____ Birthdate: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Instagram: _____

Have you ever had extensions before? Yes No If Yes, did you experience any issues: _____

MEDICAL QUESTIONS

Do you suffer from any health problems which may cause extensions to be unsuitable? Yes No

Are you taking any medication which affects your hair growth? Yes No

Do you suffer from eczema, psoriasis, itchy or sensitive scalp? Yes No

Have you ever suffered from Alopecia or any type of hair loss? Yes No

Have you ever had Chemotherapy treatment? Yes No

Are you pregnant or given birth in the last 6 months? Yes No

Are you allergic to anything that you know of? Yes No

Do you suffer from greasy hair? Yes No

Do any particular products cause your scalp to itch, become dry or greasy? Yes No

Do you have any hair damage or breakage that you know of? Yes No

LIFESTYLE & FITTING QUESTIONS

Do you exercise regularly? Yes No

Do you use saunas or steam rooms regularly? Yes No

Do you use sun beds? Yes No

Do you wear protective head gear including those for sport use? Yes No

Do you wear glasses? Yes No

Are you prepared to take advice and follow the aftercare guidelines provided? Yes No

I agree that my stylist can cut/razor my natural hair to help blend it with the extensions. Yes No

I understand that if I wear my hair up or tuck my hair behind my ears regularly it can loosen the extension and also in some cases cause tension spots. Yes No

DISCLAIMER:

I agree that this service is non-refundable under no circumstance. We have a system of rectify or replace depending on the situation. If I feel the extensions are not what was expected or not suitable then I also understand a refund is not acceptable. I certify that ALL the information provided on this consultation is TRUE. I agree that I will follow the exact aftercare guidelines given by my stylist. I will not hold the stylist or salon responsible for any damage or injury caused by me failing to follow all advice given or by me providing any inaccurate information at any time. I agree I will attend maintenance appointments every 6-8 weeks to avoid damage to the natural hair. If I am unhappy with the hair, fitting or service I must give the stylist and salon the opportunity to rectify any issue. Removal must also be carried out by your stylist who provided the initial fitting. I understand that failure to comply to the above exempts me from any entitlement to a refund or claim if any issues occur. I also agree that the color, brand, length and weight chosen during this consultation is what I have agreed on with my stylist when shown. I agree not to cut, color, use toner or purple shampoo on my hair after the consultation and before the fitting. I am also aware that on the day of the fitting there may be a situation where the hair ordered is a batch that is slightly off color which will mean we send back the hair for another batch and rebook the fitting appointment. This is no fault of the stylist or salon.

CLIENT NAME (PLEASE PRINT): _____

CLIENT SIGNATURE: _____ DATE: _____

STYLIST SIGNATURE: _____ DATE: _____