

The Shaded Jade

Hair Extension Consultation Form

Name:

Date:

Stylist:

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 blowdry or use any hot tools to style your hair? If yes, how often?
 - d) How often do you cut your hair?
 - e) Do you color, perm, or chemically straighten your hair? If yes, how often?
7. What chemical services have been done in the last 3 years?

Health

8. Are you currently taking any medications, or are you under a physicians care? If yes, please list all medications and/or explain your situation. No information will be share on this form.

9. Have you been ill, undergone surgery, or given birth in the last 6 months? If yes, please explain.

10. Do you have any allergies? Sensitive scalp (does prolonged use of head band 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 you 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 Number of Packages: _____

Length(s) Used: _____

Color(s) Used: _____

Custom In-Salon Coloring Price: _____

Cutting/Blending Price (If applicable) _____

TOTAL: _____

NON- REFUNDABLE DEPOSIT:

- I understand that the deposit for this service becomes NON-REFUNDABLE after _____. 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.

I Agree

Stylist Signature

Date:

Guest Signature

Date: