



New Client Consultation Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Dreadlocks \_\_\_\_\_ Natural Hair \_\_\_\_\_ Braids \_\_\_\_\_ Other \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Child \_\_\_\_\_

Reason for Visit or Consultation \_\_\_\_\_

\_\_\_\_\_

Have you had a Chemical Relaxing or Straightening Treatment in the last year? \_\_\_\_\_ Date of last application \_\_\_\_\_

Have you had Color or Highlighting in the last year? \_\_\_\_\_ Date of last application \_\_\_\_\_

Do you use heating tools to style at home? Yes \_\_\_\_\_ No \_\_\_\_\_ How Often? \_\_\_\_\_

Blow Dryer \_\_\_\_\_ Flat Iron or Hot Comb \_\_\_\_\_ Steamer or Heat Cap \_\_\_\_\_ Other \_\_\_\_\_

Do you have any product allergies etc? \_\_\_\_\_

Do you have dandruff, flakes or dry itchy scalp? \_\_\_\_\_

In the past 6 months (or currently) have you been treated by a doctor or dermatologist for any of the following?

Dandruff \_\_\_\_\_ Ringworm \_\_\_\_\_ Any Fungus \_\_\_\_\_ Eczema \_\_\_\_\_ Psoriasis \_\_\_\_\_ Dermatitis \_\_\_\_\_

Lice \_\_\_\_\_ Folliculitis \_\_\_\_\_ Alopecia or Hair loss \_\_\_\_\_ Other \_\_\_\_\_

Do you presently have any breakage, thinning areas, or bald spots? If yes, where?

\_\_\_\_\_

What hair products are you currently using? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any other questions or concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Salon Notes: