



Client Consultation Form

Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell: _____ Email: _____

If referred by whom: _____

Condition

Hair Condition: ___ Dry ___ Normal ___ Oily ___ Damaged ___ Thick ___ Fine

What products do you use on your hair? Shampoo _____ Conditioner _____

Before Styling Products _____

After Styling Products _____

Styling tools used on hair? ___ Blow Dryer ___ Curling Iron ___ Flat Iron ___ Round Brush

How long does it take to style your hair? ___ 5-15mins ___ 15-25mins ___ over 25mins

What qualities would you like to see more in your hair? ___ Manageability ___ Volume ___ Shine

Color

Do you color? ___ No ___ At Home ___ Professionally

If so, when was color applied to your hair last? _____

Have you ever had an allergic reaction as a result of using hair color products? ___ Yes ___ No

Explain: _____

How do you feel about your present hair color? ___ Good ___ Too Light ___ Too Dark ___ Other

What problems, if any, do you have with your hair in relation to color?

Relaxers/ Perms

Have you ever had your hair permed or relaxed? ___ Yes ___ No

Was it done ___ At Home ___ Professionally

What problems, if any, do you have with you hair in relation to relaxing/perming?

Release

I understand that a 24hr patch test for allergy is recommended before the application of hair coloring material. To my knowledge, I do not have any allergies and I request the hair coloring be applied to my hair, without having a patch test, to save me time and inconvenience. By the request, I hereby assume all risks or personal injuries and all loss of or damages to property and self, and release the owners and operators of B Styling Salon rendering this service from liability for any such injuries, loss or damage resulting from any present or future applications of such hair coloring to my hair. I hereby declare I am over the age of 18 years and know of no reason why I am not free and competent to give within release.

Sign: _____ Date: _____

