

## HAIR EXTENSION CONSULTATION

NAME: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ (W): \_\_\_\_\_ (M): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_ STATE: \_\_\_\_\_

BIRTH MONTH: \_\_\_\_\_

1. Have you had Extensions before? If Yes What type: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Do you colour your own hair or a Hairdresser?: \_\_\_\_\_

3. How long are you wanting your hair? Eg, Shoulders, Bra Strap, Waist: \_\_\_\_\_

4. How do you usually wear your hair? \_\_\_\_\_

5. How much time do you spend on your hair? \_\_\_\_\_

6. Your expectations of having Extensions: \_\_\_\_\_

\_\_\_\_\_

7. ANY QUESTIONS YOU WOULD LIKE ANSWERED? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EXTENSION EXPERT TO FILL OUT:

1. Condition of Hair: \_\_\_\_\_

2. Existing Chemical Services: \_\_\_\_\_

3. Desired Length: \_\_\_\_\_

4. Desired Colour: \_\_\_\_\_

5. Suggested to have colour done prior to extensions being applied: YES NO

6. Final Decision on Method to suit Client: \_\_\_\_\_

7. Quote & any special notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Deposit paid : \_\_\_\_\_

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

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

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