

Keratin Smoothing or Chemical Straightening CONSULTATION

NAME: _____

PHONE (H): _____ (W): _____ (M): _____

EMAIL: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____ STATE: _____

BIRTH MONTH: _____

1. Have you had your hair chemically straightened or a keratin treatment done before? If Yes which one:

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

3. What do you dislike about your hair?

4. How do you usually wear your hair?

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

6. Your expectations of having your hair straightened or smoothed with Keratin?

7. Any questions you would like answered?

STYLIST TO FILL OUT

1. Condition of Hair:

2. Existing Chemical Services:

3. Keratin or Chemical

Recommended: _____

3. Other services to be performed, Extensions or Colour:

5. Maintenance & Products Explained to the client: YES NO Product Quoted Approximately: YES NO

6. Quote & any special notes:

7. Deposit paid:

STYLIST

NAME: _____

DATE: _____

SIGNATURE: _____

CLIENT

NAME: _____

DATE: _____

SIGNATURE: _____