

Extension Consultation

Full Name:

Birthday:

Address:

Phone:

City:

State:

Zip Code:

Email:

Have you ever had extensions before? Yes No

If yes, what type of extensions?

How long did you wear them for?

Did you experience any issues with that method?

Do you exercise regularly? Yes No

Do you use sauna or steam rooms regularly? Yes No

How often do you shampoo your hair?

Do you use a tanning bed or, are you in the sun often? Yes No

How do you currently style your hair?

Does your scalp become dry or greasy easily? Dry Greasy N/A

Are you looking for volume or length & volume?

Does your occupation require your hair to be worn up? Yes No

Initial the following statements if true:

I am willing to comply with the aftercare guidelines provided. _____

I agree that my natural hair can be cut to blend in with the extensions. _____

I understand that if I regularly wear my hair up or tuck the hair behind my ears regularly it can loosen the extension. _____

I confirm that I have truthfully answered the above questions and understand the non-refundable service I am receiving. I understand that pictures can be taken of my hair before and after and uploaded on social media. I understand that professional maintenance and removal is required. I confirm that my stylist has given me after care guidelines.

Client Name:

Client Signature:

Date:

Stylist Name:

Stylist Signature:

Date: