

Hair Extensions Client Intake Form



General Information

Name

Date of Birth

Address

City

State

Zip Code

Phone #

Email

Occupation

Emergency Contact Name

Phone #

Would you like to be added to our email list for specials and discounts?

Yes

No

How did you hear about us?

Have you had extensions before?

Yes

No

If yes, please describe your extension history in the space below:

Medical History

Do you suffer from health problems that may cause extensions to be unsuitable?

Yes

No

Are you taking medication that affects your hair growth?

Yes

No

Do you suffer from Eczema or Psoriasis?

Yes

No

Do you have an itchy or sensitive scalp?

Yes

No

Have you ever suffered from Alopecia or any type of hair loss?

Yes

No

Have you ever had Chemotherapy?

Yes

No

Are you or could you be pregnant?

Yes

No

Have you given birth within the last 6 months?

Yes

No

Do you suffer from greasy hair?

Yes

No

Do any products cause your scalp to itch, become dry, or greasy?

Yes

No

Do the best of your knowledge, do you have hair damage or breakage?

Yes

No

Do you have any allergies?

Yes

No

If yes, please explain:

Are you currently taking any medications or supplements?

Yes

No

If yes, please explain:

Lifestyle Questions

Do you exercise regularly?

Yes

No

Do you use saunas or steam rooms?

Yes

No

Do you use tanning beds?

Yes

No

Do you wear protective head gear (i.e. helmets)?

Yes

No

Do you wear glasses?

Yes

No

Hair Extensions Liability Waiver

Please read and initial each of the statements below:

_____ I give permission to _____ to place extensions in my hair. I will not hold them responsible for any adverse health reactions as a result of this service.

_____ I understand that hair extensions may cause damage to the integrity of my hair if not properly maintained.

_____ I understand that more maintenance may be required after this treatment.

_____ I understand that the additional maintenance required to maintain my hair may come with added costs including but not limited to deep conditioning treatments, return appointments, and/or professional haircare products.

_____ I understand the price for today's service and that there are no refunds.

_____ I understand that the price for today's service does NOT include the cost of removing the extensions.

_____ I grant permission to _____ to take and use: photographs and/or digital images of me for use in news releases, educational materials and/or social media platforms including but not limited to Instagram, Facebook, Twitter, Tic Toc, and Pinterest.

_____ I have received post-care instructions and I agree to follow them to the best of my ability. I understand that my failure to follow the post-care instructions may negatively affect my final result.

_____ I understand that my stylist will do their absolute best to create the best results, however, I understand each person's hair varies so my stylist cannot guarantee that my hair will look exactly like the picture shown or the style described.

_____ I agree that if an allergic reaction occurs I will not hold the technician or the salon at fault.

_____ I understand that this salon has the right to refuse service to anyone.

_____ I agree that in the event that I decide that I no longer want to keep the hair extensions, I am fully responsible for the total payment of the hair extensions and the services rendered.

By signing below, I agree to the following:

I have read or have had read to me the contents of this whole form. I understand the benefits and risks and alternatives involved in this procedure and I have had the opportunity to ask questions and all of my questions have been answered. I accept full responsibility for the decision to have the discussed service done and understand that there is a no refund policy. I acknowledge that I have reviewed and approved the material given to me.

Name Printed

Signature

Date

Stylist Name

Signature

Date

Hair Extensions Post Care

Washing

- Do not shampoo hair for at least 24 hours after application.
- It is recommended that you (using the recommended brush) gently brush and take out any tangles before washing your hair. Always hold the hair when brushing and avoid putting any stress on the bonds.
- Shampoo hair in a gentle manner, following the direction of hair flow.
- Using a sulfate/sulfur-free product, gently shampoo with your head tilted back (not forward) gently squeezing the shampoo from top/scalp to bottom of the hair. Do not massage/scrub the hair extensions, it will cause matting and tangling. Rinse with warm, not hot water, squeeze out excess water, and wrap hair in a towel. Do not use a scrubbing motion to dry the hair. Always dry the bonds to help prevent any breakdown.
- Condition hair from just below the tip of the extension to the ends.
- Use sulfate-free products to protect the bonds.
- Periodically PH balance your hair.

Brushing & Styling

- Use a wide-tooth comb to detangle the hair starting at the tips working your way up to the scalp.
- Dry hair 80% to 90% before using an extension brush to finish your blow-dry style.
- Use the recommended hair extension brush.
- Do not put direct stress on the bonds. When using a blow dryer, flat irons, etc, do not apply heat directly to the bonds.
- Before blow-drying, separate/detangle the hair using a wide tooth comb. Work the hair starting at the tips. When drying do not apply heat directly to the hair extension bonds. (Note: When using flat irons, hot rollers or curling irons keep a safe distance away from the bonds.)

Other Maintenance Recommendations

- Run fingers through hair daily making sure the bonds stay separated.
- Never go to bed with wet hair. Always make sure your hair is dry and tied back in a loose ponytail before going to sleep.
- To prevent tangling, never go to bed with wet hair. Dry hair and tie back in a loose ponytail or loosely braided.
- Salt and chlorinated water can break down the bonds of your hair extensions. To reduce the effects, wash hair after swimming and use a PH balancing agent or conditioner. Follow the directions for drying the hair and bonds.
- Expect to lose some extensions, this is normal.
- The average person loses 100 of their own hairs per day. Over a period of time, you will accumulate a small amount of naturally released hair in the bonds. This is normal. Regular gentle brushing will reduce the risk of matting and tangling.

Hair Extensions Consultation

Hair Information

- Length of client's natural hair: Short Medium Long
- Client's hair texture: Curly Straight Wavy
- Client's hair type: Broken Dry Greasy
 Normal Thin
- Elasticity: Pass Fail
- Porosity: Pass Fail
- Pull test: Pass Fail
- The client's hair is suitable for the hair extension service Yes No

Service Information

Hair Brand: _____

Grams/Strands: _____

Length: _____

Color: _____

Method: _____

Pricing

Total Price: _____

Deposit: _____

Initial Fitting: _____

Maintenance: _____