

Hair Extension Consultation & Intake Form

Client Information

- Full Name: _____
 - Phone Number: _____
 - Email Address: _____
 - Date of Birth (optional): _____
 - Preferred Method of Contact: Call Text Email
 - Instagram / Social Media (optional): _____
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Hair History

1. Have you ever worn hair extensions before?
 Yes No
If yes, what type? _____
 2. Have you had any of the following in the last 12 months?
 Hair coloring
 Bleach / Lightener
 Relaxer / Perm
 Keratin / Smoothing treatment
 None
 3. Do you currently experience:
 Excessive shedding
 Breakage
 Thinning edges
 Scalp sensitivity
 Dandruff / dryness
 None
-

Scalp & Health Information

1. Do you have any scalp conditions (eczema, psoriasis, alopecia, etc.)?
 Yes No
If yes, please explain: _____
 2. Are you currently taking medications or undergoing treatments that affect hair growth or loss?
 Yes No
If yes, please explain: _____
 3. Are you pregnant or postpartum (within the last year)?
 Yes No
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Client Acknowledgment & Consent

I look forward to providing LENGTH, VOLUME, or BOTH and a beautiful installation tailored just for you! Please understand that **all extension services and hair purchases are non-refundable**. That said, YOU MATTER! If you feel any **adjustments are needed with the placement of your extensions**, please reach out **within 7 days of your appointment** so we can assess and make any necessary adjustments. Requests made after this time frame may not be accommodated.

I totally get that life happens-kids get sick, plans change, and sometimes you just need a nap instead of a balayage. But here's the deal: I kindly ask for at least 48 hours' notice if you need to cancel or reschedule your appointment. Why? Because that spot was saved just for you, and last-minute changes make it tricky to fill. No-shows or late cancellations may be subject to a fee (ouch, I know, but my time is precious too!). Thank you all for helping keep things running smoothly behind the chair and in the appointment book. Can't wait to glam you up soon!

Initials: _____

Payment & Deposit Policy

To reserve your appointment and begin the hair ordering process, a **non-refundable deposit is required**. This deposit covers **half of the total cost of the extensions**.

- The **remaining balance for the hair** is due once the hair arrives and may be paid **any time leading up to your appointment or on the day of service**.
- Once the hair is fully paid for, **the remaining balance due on the appointment day will be the installation cost only**.

This policy allows to secure your custom hair and ensure a smooth, stress-free experience for everyone involved!

Initials: _____

Please read and initial each statement:

- _____ I understand that results vary based on my natural hair and maintenance.
- _____ I understand that extensions require proper care and routine maintenance.
- _____ I understand that improper care can lead to damage or early removal.
- _____ I have disclosed all relevant hair and health information truthfully.

Client Signature: _____

Date: _____

Stylist Signature: _____

Date: _____