

SPECTRUM ONE CONSULTATION FORM

Name

Address

Phone Number

Email

Name of Salon

Name of Stylist.....

Date of Consultation

Date of Application

Do you have an allergy to aluminium or copper? (please delete the following as appropriate)

Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

Do you suffer from any illness that could lead to hair loss?

Are you on any medication that can result in hair loss?

Have you got any medical history of illness or treatment that is linked to hair loss?

Do you suffer from any scalp conditions or sensitive scalp?

Are you pregnant or recently given birth?

If yes to any of the above, please

detail

(The following is to be completed by stylist)

Condition of clients Natural Hair

Strong Normal Weak/Fragile Extremely Fragile Weak/Fine Areas

Stylist

notes

Condition of clients Scalp

Normal Slightly Red Sign of irritation

Stylist

notes

Spectrum One Hair Details (To be fitted)

Type/system of hair

Length

Colour Number of strands applied

Spectrum One Secure Bead System

Size

Colour

Notes for client for home/after care procedures and product recommendations by stylist:

.....
.....
.....

Total Amount: £..... **Deposit Amount:** £.....

Date:

I certify that I have filled out this consultation form to the best of my knowledge and supplied the correct information and I will not hold the salon/stylist/Spectrum One responsible for any damage cause by incorrect information provided.

I agree to follow my stylists advise and that given by Spectrum One Hair to care for my hair extensions at home.

Singed Client

Singed Stylist