

SPECTRUM ONE

CONSULTATION FORM-I-TIP

SPECTRUM

ONE

HAIR EXTENSIONS

Name

Address

Phone Number Email

Name of Salon Name of Stylist

Date of Consultation

D	D	M	M	Y	Y
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 Date of Application

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

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

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

Y	N
---	---

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

Y	N
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Do you suffer from any scalp conditions or sensitive scalp?

Y	N
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Are you pregnant or recently given birth?

Y	N
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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 advice and that given by Spectrum One Hair to care for my hair extensions at home.

Signed Client Signed Stylist.....