Business name _____

Hair Extensions Consultation

Extensions add weight to your own hair and pull on it where they're attached, so hair that's already thin, fragile or falling out can be damaged further. Some methods also use tape or glue bonds, which a few people react to. The questions below help us choose the right method for you, or tell us it's better to wait.

Full name

Date of birth

Home address

Any scalp condition, such as psoriasis, eczema or dermatitis, or any sore, broken or infected skin on your scalp? ☐ Yes ☐ No

Have you had hair loss, thinning or bald patches, including any type of alopecia? ☐ Yes ☐ No

Any known allergy to adhesives, tape, glue or keratin bonds? ☐ Yes ☐ No

Have you had a reaction to hair extensions, or to the tape or glue used to fit them, before? ☐ Yes ☐ No

If your extensions use tape, glue or keratin bonds: have you had a patch test for that product within the last 6 months, with no reaction? ☐ Yes ☐ No

Are you pregnant, or have you had a baby in the last year? ☐ Yes ☐ No

Are you taking any medication, or having any treatment, that can affect your hair? ☐ Yes ☐ No

Is your hair coloured, bleached, permed, relaxed or chemically straightened? ☐ Yes ☐ No

Have you had extensions before? If so, which kind, and how was your hair when they came out?

Do you swim, use a sauna or steam room, or do sport or gym classes often? (it changes the aftercare we'll give you) ☐ Yes ☐ No

Aftercare: brush gently from the ends up, keep conditioner, oils and high heat away from the bonds or tape, tie your hair loosely for sleep, swimming and sport, and come back for maintenance when we advise. Let us take them out: pulling them out yourself can damage your own hair.

☐ I understand the aftercare advice given and agree to follow it.

☐ I confirm the information I've given above is accurate, and I consent to this treatment.

☐ I give my explicit consent for the business named above to use the health information on this form to provide my treatment safely.

Client's signature _____ Date _____

Client's name in capitals _____

Therapist's signature _____ Date _____

Patch test record (for the salon)

Date of the test _____

Product and batch number _____

Where it was applied _____

Result when checked _____

Tested by _____