

CONSULTATION SHEET

Stylist Observations

Re: present condition of client's hair and scalp

Name of Client _____ Date _____

Condition of Client's Hair

Texture _____

Density _____

Problem areas due to breakage or thinning _____

Length _____ Style of cut _____

Natural curl or wave pattern _____

**Perm wave or relaxer _____

**Tint or highlights _____

Is Client's hair strong and healthy enough to support the extra weight and stress of the **Global extensions**?

Comments _____

Condition of Scalp

Loose _____ Oily _____ Dry _____ Scars _____ Tight _____ Normal _____

Comments or suggestions for Global extensions _____

Is the client's scalp suitable to sustain the extensions? _____

Is there reason to restrict services or opt for a trial period? _____

**Deposit (Recommended 50%) _____