

# CLIENT QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

## PREVIOUS EXPERIENCE WITH HAIR EXTENSIONS

1. Have you ever had extensions in your hair before?

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2. What kind of experience did you have if you had them?

\_\_\_\_\_

3. If so, what kind of extensions were they?

\_\_\_\_\_

4. How were they applied? Bonds? Micro-Links?

\_\_\_\_\_

5. How long did you wear them?

\_\_\_\_\_

6. What was your maintenance program while wearing extensions?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. How often did you visit your salon for maintenance and services?

\_\_\_\_\_

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## **PERSONAL QUESTIONS**

1. Are you presently taking any medication(s), or under a physicians care?

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2. Do you have any allergies (chemicals, medications, substances or materials, etc.)?

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3. Are you presently experiencing an unusual amount of hair loss?

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4. Do you have any questions or concerns regarding Di Biase Hair Extensions?

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## **PERSONAL HAIR MAINTENANCE**

1. What is your normal hair maintenance program?

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2. What are the products you normally use on your hair? (please list all)

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3. How often do you visit a salon for maintenance or follow up services?

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4. How often do you change your hairstyle?

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## **LIFESTYLE**

1. List any special interests or hobbies:

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2. List any workout and sports activities:

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