

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?

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?

PERSONAL QUESTIONS

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

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

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

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

PERSONAL HAIR MAINTENANCE

1. What is your normal hair maintenance program?

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

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

4. How often do you change your hairstyle?

LIFESTYLE

1. List any special interests or hobbies:

2. List any workout and sports activities:
