

HAIR EXTENSION CONSULTATION SHEET

Name _____ Date _____

OBSERVATIONS

Hair Length _____

Style of Cut _____

Natural Hair Color _____

Treated Hair Color _____

Wave Pattern/Curl _____

Permanent Wave/Relaxer _____

Breakage/Thinning _____

Is client's hair strong enough for hair extensions? _____

SCALP CONDITION:

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

Comments _____

Is client a candidate for Di Biase Hair Extensions? _____

If not, why not? _____

Other comments/concerns _____
