

EXTENSION CONSULTATION FORM

What is your desired result with extensions? (ex. Length and fullness, fullness only):

What is your daily hair routine? (Do you wash daily, do you style daily, do you blow dry, wear your hair up often, etc?)

Would you consider yourself a low maintenance person?

- YES
- NO

Have you experienced hair loss due to a medical condition, autoimmune or surgery?

- YES
- NO

What are your biggest insecurities with your hair?

Do you have any allergies to plastics or metals?

- YES
- NO

If yes, please list: _____

Have you worn any type of extensions before?

- YES
- NO

If yes, what type of extensions? (tape, clip, keratin, etc.) _____

Extensions are a lot of maintenance. They require frequent salon visits, lifestyle adjustments and require more time to style daily. You should brush 2-3 times daily, you should apply a weekly hair mask, you should sleep with a braid every night and use professional salon quality products only.

Are these adjustments you are willing to make?

- YES
- NO