

CLIENT'S NAME: _____

DATE: _____ **STYLIST'S NAME:** _____

(MUST ATTACH BEFORE AND AFTER PICS)

DIAGNOSIS

1. HAIR CHARACTERISTICS:

TYPE/PATTERN:

- WAVY CURLY COILY FRIZZY

POROSITY:

- HIGH MEDIUM LOW

THICKNESS:

- THICK MEDIUM THIN

ELASTICITY:

- HIGH MEDIUM LOW

DENSITY:

- HIGH MEDIUM LOW

LENGTH:

- SHORT MEDIUM LONG

2. HAIR COLOUR/ HAIR FORM:

- NATURAL GREYING PLANT BASED HAIR COLOUR
 SEMI/DEMI-PERMANENT COLOUR PERMANENT COLOUR
 HIGHLIGHTS BALAYAGE TOTALLY BLEACHED
 STRAIGHTENED KERATIN PERMED

COLOURING AND/OR PERMING/STRAIGHTENING TREATMENT DONE IN A HAIR SALON OR AT HOME?

3. HAIR CONDITION:

SCALP:

- HEALTHY SENSITIVE DRY OILY

HAIR:

- HEALTHY DEHYDRATED SENSITISED HIGHLY SENSITISED

ENDS:

- HEALTHY DEHYDRATED SENSITISED HIGHLY SENSITISED

CLIENT QUESTIONNAIRE:

4. HAVE YOU RECEIVED KERATIN TREATMENTS BEFORE?

If so, tell us which:

5. WHAT WAS YOUR EXPERIENCE?

- POSITIVE
- I DIDN'T GET WHAT I WANTED

6. WHAT DO YOU EXPECT THIS TREATMENT TO DO FOR YOUR HAIR?

7. HOW DO YOU WANT IT TO AFFECT YOUR HAIR TYPE?

- I WANT IT TO ELIMINATE FRIZZ
- I WANT TO IT ELIMINATE MY WAVES/CURLS AS MUCH AS POSSIBLE

8. HAIR CARE ROUTINE:

HOW OFTEN DO YOU WASH YOUR HAIR?

- DAILY
- 2/3 TIMES A WEEK
- ONCE A WEEK

WHAT PRODUCTS DO YOU USE?

- SHAMPOO
- STYLING
- CONDITIONER
- LEAVE-IN PRODUCT
- MASK/INTENSIVE TREATMENT

WHAT TYPE OF PRODUCTS ARE THEY? NOURISHING/HYDRATING/SPECIFIC...

HOW DO YOU STYLE YOUR HAIR AT HOME?

- I LET IT AIR DRY
- I BLOW-DRY IT
- I DRY IT WITH A BLOW DRYER AND BRUSH
- I DRY IT WITH A BLOW DRYER AND BRUSH AND USE A FLAT IRON

AMOUNT OF PRODUCT APPLIED:

PROCESSING TIME:

PASSES WITH FLAT IRON:

ROOTS:

MIDS AND ENDS:

TEMPERATURA DE LA PLANCHA: ROOTS:

MIDS AND ENDS:

RECOMMENDED MAINTENANCE PRODUCT:

COST ESTIMATE