envy BY ALAN EATON

CONSULTATION FORM

Client Name

Birthday

Email

Phone Number

Home Address

City/State

Zip Code

Preferred Appt Day

- [ ] MON
- [ ] TU
- [ ] WED
- [ ] TH
- [ ] FRI
- [ ] SAT
- [ ] SUN

How did you hear about us?

Allergies

Preferred Method of Contact

- [ ] Email
- [ ] Text
- [ ] Call

Date 1

Date 2

Date 3

Interested In

- [ ] Product
- [ ] Education
- [ ] Promotion
- [ ] All

Notes

PRE-CONSULT

What would you like to achieve?

Where is your area of hair loss (if any)?

What have you done or tried in the past that you liked and disliked?

What hair products are you currently using?

Do you have any pictures of what you would like to achieve?

CONSULTATION

Stage of Hairloss

Area of Hairloss (If Any)

MEASUREMENTS

Circumference

Ear to Ear

Front to Back

STYLE

- ☐ Bob
- ☐ Short
- ☐ Long
- ☐ Layered

LENGTH

- ☐ Short (above jawline)
- ☐ Medium (jawline to collarbone)
- ☐ Long (below collarbone)

CURL PATTERN

- ☐ Straight
- ☐ Wavy/Curly
- ☐ Both
- ☐ Other _____

Color Family

LIFESTYLE

How often will you be wearing your hair?

☐ Weekdays ☐ Weekend

How much time do you want to spend styling your hair?

Will you be wearing your hair when active?

FOR STYLIST USE ONLY

RECOMMENDATIONS

Hair Systems

Care Products

Accessories

Other

Date

SERVICES

- ☐ Cutting
- ☐ Baby Hairs
- ☐ Fringe
- ☐ Layers

ALTERATIONS

- ☐ Cap
- ☐ Lace Front
- ☐ Density
- ☐ Add Clips

CARE & STYLING

- ☐ Steaming
- ☐ Cleanse, Condition and Style (synthetic)
- ☐ Cleanse, Condition, Treatment and Blow Dry (Human Hair)

Comments