

## Hair Extensions Questionnaire

### Your Details:

Name: .....

Telephone: .....

Address: .....

Extensions are attached near the root of your hair. Thinking about the first 4cm of root area, please answer a, b or c to the following questions:

1. Is your hair condition:	<ul style="list-style-type: none"> <li>a) Very porous/damaged</li> <li>b) Slightly porous</li> <li>c) Normal</li> </ul>
2. Is your hair:	<ul style="list-style-type: none"> <li>a) Very prone to breakage</li> <li>b) Brittle with some breakage</li> <li>c) No breakage/strong</li> </ul>
3. Your hair type:	<ul style="list-style-type: none"> <li>a) Very dry/damaged prone to tangling</li> <li>b) Naturally oily</li> <li>c) Normal</li> </ul>
4. Previous treatments:	<ul style="list-style-type: none"> <li>a) Bleach on over 30% of the hair Bleach or high lift colour with perm</li> <li>b) Some bleach or high lift highlights Perm or darker colour</li> <li>c) Perm or colour No previous treatments</li> </ul>
5. Your lifestyle:	<ul style="list-style-type: none"> <li>a) Spend little time on hair, seldom visits salon, regular appointments may be a problem</li> <li>b) Busy life, copes with hair, visits salon when necessary</li> <li>c) Organised, enjoys styling hair, regular client (every 6 – 8 weeks)</li> </ul>
6. Length of your own hair:	<ul style="list-style-type: none"> <li>a) Less than 2.5cm – 6.5cm (1" – 2.5")</li> <li>b) Between 6.5cm – 13cm (2.5" – 5")</li> <li>c) Over 13cm (5")</li> </ul>
7. Abundance of hair:	<ul style="list-style-type: none"> <li>a) Some baldness</li> <li>b) Suffering hair loss</li> <li>c) Course, medium or fine texture</li> </ul>

If your answer to any question is 'a', extensions are unsuitable at this time. If your response to any question is 'b' a full consultation is required before a decision can be reached. If all your answers are 'c' please continue with this questionnaire.

Have you had hair extensions before?	Yes / No  If Yes, please state which type:
Are you pregnant?	Yes / No
Is there any medical reason why extensions may not be suitable (e.g. stress related alopecia, folliculitis, recent or planned chemotherapy)	Yes / No
Do you wear protective headgear (e.g. at work, horse riding, motorcycling)	Yes / No
Do you swim regularly	Yes / No

I confirm that the details given are correct. I will not hold the salon responsible for any damages or injury caused by me having supplied incorrect information, by using unapproved products or by my failure to follow the aftercare advice.

I confirm that I am over 18. I have read and understood the aftercare advice supplied.

Please contact me to arrange a consultation. I understand that this questionnaire is not a replacement for a consultation - my stylist may advise against extensions or refuse the service.

I enclose a cheque for £10 made payable to Bravo Hairdressing Ltd.

I understand that this is non-refundable whether I go ahead with the extensions or not and is not redeemable against any product or service.

Print Name: .....

Date: .....

Signed: .....

As the supplying salon we are not allowed to exclude or limit liability for death or personal injury caused by our negligence or for any other liability which may not by applicable law be excluded or limited and we do not do so. Subject to that, our liability to you for this transaction is limited to the amount payable by you to us in this transaction.

