

Hot Heads Hair Studio

348 Main Street

Gaithersburg, MD 20878

Kentland's lower level

301.318.2166

www.hotheadshairstudio.net

In order to provide you the best hair services, please read and answer the questions below:

Customer Data Profile:

Name: _____ Date: _____

Phone: (home) _____ Fax: _____ Cell: _____

City: _____ State: _____ Zip: _____

New to area: Yes ___ If yes how long: _____

No ___ If no what city, state, or country: _____

Email: _____ Birthday: (month/year) _____

Occupation: _____

Employed By: _____

Hobbies: _____

Describe your lifestyle: _____

Referred by: _____

Website ___ Friend___, family___, or coworker ___ Please state name and what is your relationship: _____

Please be descriptive about your hair: _____

Hair Condition: Normal Dry Oily Natural Base Level:

Scalp Condition: Normal Dry Oily Tonal Value:

Texture: Fine Medium Coarse Hair Color Treatments:

Porosity: Normal Porous Chemical Treatments:

Additional questions below will be extremely beneficial to allow May to do her job more

Efficiently:

Are you currently taking any medications? Yes No if yes, please provide names:

Are you pregnant? Yes No

Are you presently taking any birth control? Yes No if yes, please list type:

With the hair services you are receiving today, have you ever had any allergic reactions to?

the following:

Cosmetics Food Chemicals if yes, please be descriptive:

What products are you currently using on your hair and scalp currently?

Shampoo: _____ Conditioner:

Hair spray: _____ Gels:

Other finishing products:

I do the following to my hair: Cut Color Perm Condition Chemical
 Straighten

Comments:

As a client of May's at Hot Heads Hair Studio, I am receiving the following services:

(Please check below)

Relaxer (Chemical Straighter)

Thermal Texturizer (Use with hot irons, flat irons, etc.)

Custom Hair Color (Sensitive Scalp clients needs 24 hour patch test)

Weaves/extensions (\$100 deposit applies to service)

Keratin Treatment – formaldehyde Free

(\$100 deposit fee applies to service)

Relaxers and Hair Color:

Write (Y) for Yes and (N) for No for questions below:

I have virgin hair: never been relaxed or dyed with permanent color or temporary color.

I have a relaxer on my hair. If (Y), what is the brand name?

If (Y), when was the last time you received hair color?

If (Y), did you experience an adverse reaction, hair loss?

I have hair color. If (Y), what is the brand name?

If (Y), when was the last time you received hair color?

If (Y), did you experience any adverse reaction, hair loss?

If you had ever had hair loss, describe your experience:

Have you seen a doctor/dermatologist? Yes No

If yes, what was the diagnosis?

Elasticity Test

Conclusion: Pass Fail

Stylist Signature: _____ Date:

Client Signature: _____ Date:

Results/ Recommendations:

Extensions:

Have you ever worn extensions before: ___ Yes ___ No If yes, what was the method used?

What are your ultimate hair needs and goals?

Suggestions and information:

Hair Texture: _____ Length:

Custom Color (Half deposit is required): _____ Amount:

Reference picture presented:

Special Request:

Hair Weave and Extension Service Release

I understand that the weave/extension service that I am receiving is harmless to normal hair. Should I become displeased with the weave/extension service that I receive, I understand that I must return to Hot Head Salon within 7 calendar days of my last visit to have my service checked. Should corrections become necessary, I understand that my re-do service is to be completed within 14 calendar days from the day my hair was first checked. I am hereby waiving any right to make a claim and further agree to hold my stylist May Luu at Hot Heads Hair Studio not responsible in event of any damage to my hair/scalp. I further recognize that my stylist May is providing this service at my request. I have no warranty expressed or implied in having this service performed. The stylist will only guarantee her work if professional and suggested products are used and maintenance guidelines for this service are followed. I fully accept all responsibility for any maintenance if instructions are not followed.

Client signature: _____ Date:

Disclaimer:

I, _____, have responded truthfully on this form. I completely understand the information I have read and I agree to all services received. My stylist May Luu has reviewed with me all the risks associated with the services I am receiving. I accept the risks and am receiving the services indicated above of my own free will. Hairstylist, May Luu of Hot Heads Hair Studio will not be held responsible.

Client: _____ Date: _____

Fees:

Consultation Fee – No cost (15 minutes session or less)

Cancellation fee less than 24 hours notice: \$25.00 for wash & style \$45 for chemicals

Return check fee \$35

1st time client's cash only

No refunds for all hair services