



Questionnaire and Release Form

Instructions: Complete this form and bring to your consultation. A copy will be kept on file at the salon.

1. Are you pregnant? YES NO
2. Are you currently, or have you been, on medication relating to cancer, heart, fertility, thyroid or any major non-psychiatric drug? YES NO
If **YES**, then you run the risk of having hair that will not straighten completely. If you choose to take that risk, you will be charged for the appointment, even if your hair does not go straight.
3. Has any of the hair on your head been previously straightened? YES NO
If **YES**, was the straightening performed with Thio-based or hydroxide-based chemicals?

4. Has any of the hair on your head been colored? YES NO
If **YES**, how long ago? _____
And, with what? _____
If there are highlights, what type of lightening product was used (bleach, peroxide, etc.)?

NOTE: If you have bleach or highlights using over 20VOL, I will not straighten your hair unless you are willing to risk having unevenly straight, semi-smooth hair.

5. Has any of the hair on your head been permed? YES NO
If **YES**, how long ago? _____
6. How often do you wash your hair, on average? _____
7. Do you have sensitivities to any chemicals? YES NO
If **YES**, to which ones? _____
8. What products do you use on your hair (shampooing and styling products)?

9. Do you feel that you shed a normal amount of hair each day? YES NO
10. Are there any medical reasons why you are not able to sit for extended periods of time?
 YES NO
If **YES**, you need to postpone your appointment until those issues are resolved.
11. Do you wear clips, rubberbands, headbands or any other hair accessory on a regular basis?
 YES NO
If **YES**, which ones? _____
12. What condition do you feel your hair is in? _____
13. What are you expecting the condition of your hair to be after it is chemically straightened?
