

GREAT LENGTHS CLIENT QUESTIONNAIRE

Date: _____

Name: _____

Phone: Home _____ Work _____ Cell _____

Email _____

Address: _____

City: _____ State: _____ ZIP: _____

Birthday _____

1. How did you hear of the Great Lengths hair extension service? _____
2. How did you hear of the Salon/Extension artist? _____
3. What is your reason for wanting Great Length hair extensions? _____

4. Have you ever worn hair extensions before? _____

5. If yes, when and what type? _____

6. During any of these services, did you experience excess hair loss or damage to your natural hair? If yes elaborate.

7. Are you interested in Great Lengths to help you "grow out" your hair from its present condition? _____

8. What is the longest your hair will grow? _____

9. When was the last time you let it grow to that length? _____

10. What was your reason for cutting it? _____

11. What is your long term goal for your hair? _____

12. How long do you want your hair?

Bang _____ Sides _____

Crown _____ Nape _____

13. Where do you want to see volume? Bottom of the hair _____, or throughout _____

14. Where do you want to see more length?

Bang _____ Sides _____

Crown _____ Nape _____

15. What is your normal maintenance program? _____

16. What products do you use at home and how frequently? _____

17. Do you and how often do you get the following services?

Color _____

Highlights/ Lowlights _____

Perm _____

Relaxer _____

18. How often do you like to change your style or hair color? _____

19. Does your hair tangle easily? _____

20. Are you presently taking any medication(s) or under a physician's care? _____

What medication? _____

How long? _____

21. Have you been ill, had surgery or on any medication(s) in the past 6 months or year? _____

If yes, elaborate. _____

22. Are you planning to have surgery in the next 6 months? _____

23. Do you have any allergies (chemicals, medications, substances, materials or any others)? _____

24. Do you have any medical conditions that may interfere with this service? IE: Migraines, headaches, history of scalp problems? Please explain _____

25. Are you presently experiencing an unusual amount of hair loss? _____

Reason: chemo therapy, stress, pregnancy, alopecia, hormones, etc. _____

26. Special interests or hobbies: _____

27. Work-out or sport activities: _____

28. Do you use tanning beds? _____ If yes, how often? _____

29. Any questions or concerns regarding the service? _____

MODEL RELEASE FORM:

I GIVE MY PERMISSION TO _____ (SALON) TO SHOW OR USE ALL BEFORE AND AFTER PICTURES IN PUBLIC. I WILL NOT RECEIVE ANY GRATUITY OR FEE.

(SIGNATURE) Date _____

HOME CARE MAINTENANCE

1. Do not shampoo for two days. Always wash your hair with your head back and not tilted forward. Never dry with a scrubbing action, instead wrap with a towel to absorb water. Always dry bonds to prevent bond breakdown.
2. Always use Anti-Tap after every wet treatment on the bonds. Mix 1oz. of Anti-Tap to 8oz. of water in a spray bottle. If you cannot shampoo immediately anytime when the bonds are wet, spray Anti-Tap on the bonds and then dry bonds. Shampoo, apply Anti-Tap and then dry the bonds as soon as possible. Do not use sulfur products or water that has sulfur.
3. Brush Great Lengths three times a day, with recommended brush. Brush row by row, scalp to ends, starting from the nape up. Always pull Great Lengths into a scrunchy while sleeping or any activity that has your hair blowing in the wind. If you have curly hair, brush once in the morning and once at night. Use a wide toothed comb to gently remove tangles from mid-shaft to ends. Do not use a comb near the scalp area or the Great Lengths bonds.
4. All the above is extremely important to prevent tangling or matting.
5. No ponytails tight or high on top of the head. No ponytails put up and left wet.
6. Return to the salon in two weeks for a checkup service. _____
7. Curling irons, flat irons and hot rollers may be used, but must be kept an adequate distance from the Great Lengths bond, approximately 1 1/2 inches from the bond. Do not use a hot blow dryer on the bond area, medium heat only.
8. Activities taking place in a constant damp environment such as aerobics, steam baths or saunas, may lessen the longevity of the Great Lengths service. Precautions should be taken to avoid these conditions being repeated.
9. Sea water and pools can cause bond breakdown due to the constant damp environment. To minimize these effects, wet hair completely in a shower and apply Anti-Tap prior to swimming. After swimming, shampoo, apply Anti-Tap and blow-dry the bonds to prevent bond breakdown.
10. Some extension loss is normal and to be expected. Average Client hair loss is 50-150 hairs a day. A full head application covers approximately one third of the head. You can expect to see a small quantity of naturally released hairs trapped in the attachments after some time. This is normal and should not be interpreted as hairs pulled out of the scalp by the extensions themselves. Daily brushing close to the scalp and finger separation of the applied strand will avoid matting in this area. Pull trapped hairs back toward scalp to loosen before separating strands.

I have read, initialed and understand my Home Care Maintenance sheet. If I do not follow the above instructions, I understand _____ Salon cannot be held responsible. I understand if I do not follow the Home Care Maintenance sheet, that the Great Lengths service cannot be held responsible.

Signature: _____ Date: _____

Stylist: _____ Date: _____

DEPOSIT AGREEMENT (SAMPLE)

Any cancellation or changes in an appointment must be made _____ hours/days prior to the scheduled appointment, otherwise deposit will be forfeited. You must then make a new appointment and another deposit will be required.

If you change the color or texture of your hair between the consultation and the application appointment, you agree to notify _____ Salon prior to the application appointment to schedule a new consultation. A new deposit may be necessary.

_____ Salon requires the payment to be guaranteed by a major credit card if you pay by check. If the check is returned, this agreement gives _____ Salon the authorization to transpose the amount of the check onto the credit card given. If a major credit card is not available, cash is required. _____ Salon will protect your privacy rights as a consumer and keep all information strictly confidential.

Card #: _____ Expiration Date: _____

Signature: _____ Date: _____

Security#: _____

- Please keep Home Maintenance sheet to insure satisfactory results.
- I have read, initialed and understand my Client questionnaire, Home Care Maintenance sheet and Deposit Agreement.

Appointment Date: _____ Appointment Time: _____

Time Required: _____

Total Price of Application: _____

50% Deposit required (nonrefundable): _____

Balance Due day of appointment: _____

Removal will be done for \$ _____ an hour

Client Name: _____

Client Signature: _____ Date: _____

Stylist Name: _____

Stylist Signature: _____ Date: _____

WAIVER AND INDEMNITY (SAMPLE)

Please use this as a sample for the waiver and indemnity. Please check with your lawyer before proceeding.

I have read, understand and agree to the Client Questionnaire, Home Care Maintenance and Deposit Agreement. I wish to proceed with the Great Lengths service.

I certify that the information that I supplied in the Client Questionnaire, Home Care Maintenance and Deposit Agreement are correct. I agree to indemnify and hold harmless _____ Salon and/or its employees for loss, damage, claims or actions of every kind that I may suffer as a consequence of my failure to provide them with accurate and complete information.

I agree that I will not hold _____ Salon and/or its employees liable in anyway for any loss, damage or injury suffered by me as a consequence of my use of the Great Lengths service. I release _____ Salon and/or its employees from all claims and actions of every kind that I might have as a consequence of my use of the Great Lengths service.

I will indemnify and hold harmless _____ Salon and/or its employees free from all loss, damage, claims and actions of every kind that they incur or that are claimed or brought against them by any party as a consequence of my use of the Great Lengths service.

Client Name: _____

Client Signature: _____ Date: _____

Stylist Name: _____

Stylist Signature: _____ Date: _____