Hair Extensions Client Intake Form

General Information

Name | Date of Birth

Address

City | State | Zip Code

Phone # | Email

Occupation

Emergency Contact Name | Phone #

Would you like to be added to our email list for specials and discounts? Yes ☐ No ☐

How did you hear about us?

Have you had extensions before? Yes ☐ No ☐

If yes, please describe your extension history in the space below:

Medical History

Do you suffer from health problems that may cause extensions to be unsuitable?	Yes ☐	No ☐
Are you taking medication that affects your hair growth?	Yes ☐	No ☐
Do you suffer from Eczema or Psoriasis?	Yes ☐	No ☐
Do you have an itchy or sensitive scalp?	Yes ☐	No ☐
Have you ever suffered from Alopecia or any type of hair loss?	Yes ☐	No ☐
Have you ever had Chemotherapy?	Yes ☐	No ☐
Are you or could you be pregnant?	Yes ☐	No ☐
Have you given birth within the last 6 months?	Yes ☐	No ☐
Do you suffer from oily hair?	Yes ☐	No ☐
Do any products cause your scalp to itch, become dry, or oily?	Yes ☐	No ☐
Do the best of your knowledge, do you have hair damage or breakage?	Yes ☐	No ☐
Do you have any allergies?	Yes ☐	No ☐

If yes, please explain:

Are you currently taking any medications or supplements? Yes ☐ No ☐

If yes, please explain:

Lifestyle Questions

Do you exercise regularly?	Yes ☐	No ☐
Do you use saunas or steam rooms?	Yes ☐	No ☐
Do you use tanning beds?	Yes ☐	No ☐
Do you wear protective head gear (i.e. helmets)?	Yes ☐	No ☐
Do you wear glasses?	Yes ☐	No ☐

Hair Extensions Liability Waiver

Please read and initial each of the statements below:

_____ I give permission to _____ (Stylist) to place extensions in my hair. I will not hold them responsible for any adverse health reactions as a result of this service.

_____ I understand that hair extensions may cause damage to the integrity of my hair.

_____ I understand that more maintenance may be required after this service/ treatment.

_____ I understand that the additional maintenance required to maintain my hair may come with added costs, including but not limited to, deep conditioning treatments, return appointments, and/or professional hair care products.

_____ I understand the price for today's service and that there are no refunds.

_____ I understand that the price for today's service does NOT include the cost of removing the extensions.

_____ I grant permission to _____ (Stylist) to take and use: photographs and/or digital images of me for use in news releases, educational materials and/or social media platforms including but not limited to Instagram, Facebook, Twitter, Tik Tok, and Pinterest.

_____ I have received the Salon post-care instructions card and I agree to follow them. I understand that my failure to follow the post-care instructions may negatively affect my hair and hair extensions. I agree to ONLY use_ _ _ _ _ _ _ _ _ _ _ _products.

_____ I understand that my stylist will do their absolute best to create the best results, however, I understand each person's hair varies so my stylist cannot guarantee that my hair will look exactly like the picture shown or the style described.

_____ I agree that if an allergic reaction occurs I will not hold the Stylist, hair extension brand or the salon at fault.

_____ I understand that this salon has the right to refuse service to anyone.

_____ I agree that in the event that I decide that I no longer want to keep the hair extensions, I am fully responsible for the total payment of the hair extensions and the services rendered.

By signing below, I agree to the following:

I have read or have had read to me the contents of this whole form. I understand the benefits and risks and alternatives involved in this procedure and I have had the opportunity to ask questions and all of my questions have been answered. I accept full responsibility for the decision to have the discussed service done and understand that there is a no refund policy. I hold the stylist, the salon and Salon Xtensions, LLC harmless and will not pursue any recourse. I acknowledge that I have reviewed and approved the material given to me.

_____	_____	_____
Name Printed	Signature	Date
_____	_____	_____
Stylist Name	Signature	Date

SALON XTENSIONS®
Pro Hair Extensions

Hair Extensions Post Care

Washing

- Do not shampoo hair for at least 3 days after application.
- It is recommended that you (using the SalonX Extension Brush) gently brush and take out any tangles before washing your hair. Always hold the hair extension bonds when brushing and avoid putting any stress on the extension bonds.
- Shampoo hair in a gentle manner, following the direction of hair flow.
- Only use the _____ (Pro Products) system, gently shampoo with your head tilted back (not forward) gently squeezing the shampoo from top/scalp to the bottom of the hair. Do not massage/scrub the hair extensions, it will cause matting and tangling. Rinse with cool/ warm, not hot water, squeeze out excess water, and wrap hair in a towel. Do not use a scrubbing motion to dry the hair. Always dry the bonds to help prevent any breakdown.
- Condition hair using the_____ conditioner from just below the bonds of the extensions to the ends.
- Only use_____ (Pro Products) to protect the bonds.
- Everyday, use a small amount of _____ Oils. Spray two misting sprays of _____ Oils on your palms and run through your extensions. Do this on a daily basis to keep extensions moisturized.

Brushing & Styling

- Use the SalonX Extension Brush to detangle the hair starting at the ends and working your way up to the scalp.
- Dry hair 80% to 90% before using an extension brush to finish your blow-dry style.
- Use the recommended hair extension brush (SalonX Boar Bristle Extension Brush)
- Do not put direct stress on the bonds. When using a blow dryer, flat irons, etc, do not apply heat directly to the bonds.
- Before blow-drying, separate/detangle the hair using a wide tooth comb. Work the hair starting at the ends. When drying do not apply heat directly to the hair extension bonds. (Note: When using flat irons, hot rollers or curling irons keep a safe distance away from the bonds.) Do not use heat more than 350 degrees.

Other Maintenance Recommendations

- Run fingers through hair daily making sure the bonds stay separated.
- Never go to bed with wet hair. Always make sure your hair is dry and tied back in a loose ponytail before going to sleep.
- To prevent tangling, never go to bed with wet hair. Dry hair and tie back in a loose ponytail or loosely braided.
- Salt and chlorinated water can break down the bonds of your hair extensions. To reduce the effects, wash hair immediately after swimming and use the _____ (Pro Products) shampoo, conditioner and oils to reset the PH balance. Follow the directions for drying the hair and bonds.
- Expect to lose some extension strands, this is normal.
- The average person loses 100 of their own hairs per day. Over a period of time, you will accumulate a small amount of naturally released hair in the bonds. This is normal. Regular gentle brushing will reduce the risk of matting and tangling.

Hair Extensions Consultation

Hair Information

Length of client's natural hair:	☐ Short	☐ Medium	☐ Long
Client's hair texture:	☐ Curly	☐ Straight	☐ Wavy
Client's hair type:	☐ Broken	☐ Dry	☐ oily
	☐ Normal	☐ Thin	
Elasticity:	☐ Pass	☐ Fail	
Porosity:	☐ Pass	☐ Fail	
Pull test:	☐ Pass	☐ Fail	

The client's hair is suitable for the hair extension service ☐ Yes ☐ No

Service Information

Hair Brand: _____

Grams/Strands: _____

Length: _____

Color: _____

Method: _____

Pricing

Total Price: _____

Deposit: _____

Initial Fitting: _____

Maintenance: _____