



Cosset Beauty Lounge

New Client Info/Consultation Form			
CLIENT INFORMATION			
Name:			
Address:			
City:		State:	Zip:
Home Phone:	Work #:	Cell #:	
Email:		Occupation:	
Do you have children?		If yes, please list ages:	
HAIR INFORMATION			
Are you experiencing Hair Thinning or Hair Loss? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How long have you been losing your hair? <input type="checkbox"/> 1-3 yrs. <input type="checkbox"/> 3-7 yrs. <input type="checkbox"/> 7-15 yrs. <input type="checkbox"/> more than 15 yrs.			
Is there a family history of Hair Thinning or Hair Loss? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Naturally, how long is your hair? <input type="checkbox"/> Short <input type="checkbox"/> Medium (<i>Chin length</i>) <input type="checkbox"/> Long (<i>Shoulder length +</i>)			
List Areas of hair loss or breakage: <input type="checkbox"/> Temple/Edges <input type="checkbox"/> Crown Area <input type="checkbox"/> Other			
Have you ever visited a Dermatologist? <i>If yes, please give outcome of the visit?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you wear a Relaxer ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How often do you Relax your hair? <input type="checkbox"/> monthly <input type="checkbox"/> every 6 weeks <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Other			
What types of Relaxers do you wear? <input type="checkbox"/> Lye Relaxer <input type="checkbox"/> No Lye Relaxer			
How often do you visit the salon? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other			
How often do you shampoo your hair? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other			
Please list type of shampoo used:			
How often do you condition your hair? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other			
Please list type of conditioner used:			
Please read below and check all that apply:			
<input type="checkbox"/> take Hair Nutritional Vitamins	<input type="checkbox"/> had a hair transplant	<input type="checkbox"/> worn extensions or wigs	
<input type="checkbox"/> on prescription medications	<input type="checkbox"/> under physicians care	<input type="checkbox"/> under stress	
<input type="checkbox"/> eat a balanced diet	<input type="checkbox"/> drink plenty of water	<input type="checkbox"/> worn extensions or wigs	
When was your hair last trimmed?			
Have you ever worn Color? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever worn Hair Extensions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list what type? <input type="checkbox"/> Sew In Weave <input type="checkbox"/> Net Weave <input type="checkbox"/> Bonding <input type="checkbox"/> Lace Wig <input type="checkbox"/> Infusion <input type="checkbox"/> Braids			
Had a hair transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Is your scalp:	<input type="checkbox"/> oily	<input type="checkbox"/> dry	<input type="checkbox"/> flaky/crusty	<input type="checkbox"/> red/inflamed	<input type="checkbox"/> itchy	<input type="checkbox"/> not listed
How often do you hot curl your hair?	<input type="checkbox"/> daily	<input type="checkbox"/> weekly	<input type="checkbox"/> none	<input type="checkbox"/> other	_____	
How would you rate your hair's condition	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> other	_____	

****The information provided will be kept confidential and will be used exclusively for the purpose of providing proper hair care treatments and solutions.***



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HOLD-HARMLESS AGREEMENT

IMPORTANT: READ BEFORE SIGNING AGREEMENT AND RELEASE OF LIABILITY

Alexis Baxter/ Cosset Beauty Lounge has advised me that the service I have requested may cause chemical damage to my hair. I AGREE TO ASSUME THE RISK OF ANY INJURY OR DAMAGE THAT I MIGHT SUFFER because of such negligence or carelessness and I AGREE TO GIVE UP MY RIGHT TO SUE THE OPERATOR, THE SALON and any other personnel for any such injury or damage. I have carefully read this agreement. I FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY and I sign this of my own free will.

(date)

(name of client)