2712 MacArthur Blvd.
Oakland, CA 94602
(510) 531-8677

Client Consultation Form (Please be as thorough as possible)

What type of hair replacement are you interested in discussing? (Please check all that apply; keep in mind that every hair solution is not applicable for every client.)

☐	Hairpiece	☐	Human Hair	☐	Synthetic Hair
☐	Wig	☐	Not Sure	☐	Other

1. How old were you when you first noticed hair loss? _____

2. Have you ever been treated for a hair and/or scalp problem? _____
   If yes, when and by whom? _____

3. Are you currently taking any medications? _____ If yes, please list:
   _____

4. What other hair replacement alternative options have you considered?
   _____

5. What hobbies do you participate in regularly?

☐	Basketball	☐	Weightlifting	☐	Football	☐	Running
☐	Biking	☐	Soccer	☐	Swimming	☐	Boxing
☐	Golf	☐	Tennis	☐	Baseball	☐	Other

6.

7. Please indicate how your hair loss affects you (check all that apply):

☐	Meeting People	☐	Wearing Hats	☐	Overall Appearance
☐	Work	☐	Old Acquaintances	☐	Other
☐	Formal Events	☐	Swimming	☐	
☐	Windy Days	☐	Self-Esteem	☐	

8. What is your main goal?

☐	Stop hair loss
☐	Fill in areas where you've experienced hair loss
☐	Have a full head of hair again.
☐	Other

9. Have you received consolation from other professionals. If so, what brings you to me?

☐	Dissatisfied with previous advice, treatments, or services
☐	Reputation and experience
☐	Location
☐	Other

10. Do you need someone (other than yourself) to assist in the decision to correct your hair loss?_____ If yes, please explain?

_____

Are you currently under a doctor's supervision? _____

11. Have you had prior hair transplants? _____

12. Have you ever had any types of bleeding disorders? _____

13. Do cuts on your skin heal normally? _____

14. Do you have keloid-prone skin? _____

15. Have you had any allergic reactions to substances applied to your skin?

_____

16. Have you had any allergic reactions to any drugs or medications?

_____

17. Please describe any additional information or concerns you may have regarding your hair or scalp.

_____

_____

This information I have provided is true and correct.

Client Signature:_____ Date: _____

Stylist Signature: _____ Date: _____