

**OPTIMAL IMAGE SALON COUNSULTATION FORM**

The following information is necessary for our stylists to determine if our services will be beneficial for you. Please answer all questions accurately to the best of your knowledge. All information will be kept private and confidential. Please print and write clearly.

**PERSONAL INFORMATION**

BirthDay \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Month & Date Only Please)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ zip \_\_\_\_\_ state \_\_\_\_\_ Occupation \_\_\_\_\_

Email \_\_\_\_\_ Home # \_\_\_\_\_ Cell# \_\_\_\_\_

**HEALTH HISTORY**

*Are you currently taking any of the following? Please answer to all that apply.*

Prescribe Medications? \_\_\_\_\_ For what ailment (s)? \_\_\_\_\_ Type of medication? \_\_\_\_\_

How long on medication \_\_\_\_\_ Date of last Doctors visit pertaining to ailment? \_\_\_\_\_

Vitamins or Hormones? \_\_\_\_\_ Please describe \_\_\_\_\_

**HAIR HISTORY**

*Have you ever received or currently receive the following hair services? Please answer to all that apply.*

Relaxer/ \_\_\_\_\_ How often? \_\_\_\_\_ What brand? \_\_\_\_\_ Date of last application \_\_\_\_\_

**Perm**

Full Color \_\_\_\_\_ How often? \_\_\_\_\_ What brand? \_\_\_\_\_ Date of last application \_\_\_\_\_

**Highlights/**

**Streaks** \_\_\_\_\_ How often? \_\_\_\_\_ What brand? \_\_\_\_\_ Date of last application \_\_\_\_\_

Have you ever been treated by a doctor for hair loss or scalp problem? \_\_\_\_\_ When? \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Results \_\_\_\_\_

Do you presently have any hairline breakage, thinning areas, or bald spots? \_\_\_\_\_ What areas? \_\_\_\_\_

Have you ever had any allergic response or adverse reactions to substances put onto your skin or scalp? *Please give details* \_\_\_\_\_

**HAIR WEAVE & EXTENSION HISTORY**

*Have you ever received or currently have the following hair weave or extension services? Check all that apply.*

- \_\_\_\_\_ Sew-In
- \_\_\_\_\_ Bond/Glue
- \_\_\_\_\_ Infusion
- \_\_\_\_\_ Interlock
- \_\_\_\_\_ Micro Rings
- \_\_\_\_\_ Hair Unit /Replacement, Wig
- \_\_\_\_\_ Micro Braids
- \_\_\_\_\_ Other

**Notes: For Office Use Only/Do Not Write.**

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Are you presently wearing weave or extensions? \_\_\_\_\_ What type? \_\_\_\_\_

**How long does your weave/extension style last ? Please select from the following.**

1 to 2 months \_\_\_\_\_ 3 to 4 months \_\_\_\_\_ 5 to 6 months \_\_\_\_\_ Other \_\_\_\_\_

What system? \_\_\_\_\_ Are you satisfied with the results? \_\_\_\_\_ Why? \_\_\_\_\_

What is your hair texture? Wavy \_\_\_\_\_ Curly \_\_\_\_\_ Kinky \_\_\_\_\_ Relaxed Straight \_\_\_\_\_ Permed \_\_\_\_\_ Other \_\_\_\_\_

How much time do you want to spend on your hair each day? \_\_\_\_\_ each week? \_\_\_\_\_

What is your desired look and why? \_\_\_\_\_

**HAIR MAINTENANCE HISTORY**

**How often do you shampoo & condition your hair? Please select from the following.**

Daily \_\_\_\_\_ Twice a Week \_\_\_\_\_ Once a week \_\_\_\_\_ Every 2 weeks \_\_\_\_\_ Every 3 to 4 weeks \_\_\_\_\_ Other \_\_\_\_\_

What name brand *shampoo* are you presently using? \_\_\_\_\_

What name brand *conditioner* are you presently using? \_\_\_\_\_

Do you suffer from dry, itchy, scalp? \_\_\_\_\_ Do you have problem with dandruff? \_\_\_\_\_

How often do you oil your scalp? Daily \_\_\_\_\_ 1x/wk \_\_\_\_\_ 2x/wk \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_ Other \_\_\_\_\_

**How often do you use curling irons, flat irons, blow-dryer, or any other hair heated appliances? Please select one of the following.**

Daily \_\_\_\_\_ 1x/wk \_\_\_\_\_ 2-3x/wk \_\_\_\_\_ Other \_\_\_\_\_

How often do you visit a salon? \_\_\_\_\_ Reason? \_\_\_\_\_

**LIFESTYLE**

Do you exercise consistently ? \_\_\_\_\_ Daily \_\_\_\_\_ Twice a Week \_\_\_\_\_ Once a week \_\_\_\_\_ Every 2 weeks \_\_\_\_\_ 3 to 4 weeks \_\_\_\_\_ Other \_\_\_\_\_

Do you perspire heavily? \_\_\_\_\_ How well does your hair hold up? \_\_\_\_\_

What activities or hobbies do you participate in regularly? \_\_\_\_\_

How soon do you want your hair serviced? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Referral Name \_\_\_\_\_

**If Internet what search engine and/ or key phrase did you use? \_\_\_\_\_**

*I understand that the above information will be kept confidential and is accurate to the best of my knowledge.*

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

Please Fax Back to: 404-601-7319  
**Or Email to: *info@optimalimage.com***  
**Salon 404-949-7932**