

BOUCHIQUE

Beautiful Original Unique
bouchique.co

Consultation form

Name: _____ Name of stylist: _____

Address: _____

Phone number: _____ Email: _____

Name of system: _____

Date of consultation: DD / MM / YY Date of application: DD / MM / YY

- **Date of Copper Lock Test :** DD / MM / YY
- Do you have an allergy to copper? (allergy test if needed) y / n
- Are you on any medication that can result in hair loss? (if unsure please consult a GP) y / n
- Are you pregnant or recently given birth? (changes in hair texture and density are associated with pregnancy/post pregnancy depending on individual) y / n
- Do you have any scalp conditions? Y / n
- Are you recovering from any medical condition that is connected to hair loss? (Chemotherapy, alopecia etc) y / n

Conditions of client's natural hair/scalp to be completed by your stylist/salon staff member

Natural Hair

Strong Normal Weak/fragile
 Extremely fragile Weak/fine areas

Notes:

Scalp

Normal slightly red Signs of irritation

Notes:



Length / Methods

Quantity _____ Length _____ Colours _____

Locks

Type _____ Size _____ Colour _____

Additional notes for client/ stylist advice for client and home care products recommendation:

A deposit is required at the time your appointment is scheduled. Your stylist will quote the non-refundable deposit price during your consultation, which will cover the cost of your hair made to order.

Any cancellation or changes to an appointment must be made 5 days prior to the scheduled appointment, otherwise your deposit will be forfeited.

If you change the colour or texture of your natural hair between the consultation and the application appointment, you agree to notify **BOUCHIQUE** prior to the new application appointment in order to schedule a new consultation. A new deposit may be required.

Please keep the Do's & Don'ts sheet to ensure satisfactory results.

Total amount £ _____

Deposit amount £ _____

I certify that the information I have supplied is correct to the best of my knowledge and that I will not hold the salon / stylist / **BOUCHIQUE** responsible for any damages caused by having supplied incorrect information

I acknowledge the explanations of the entire procedure, and I am aware that with proper care on my part, they should remain in my hair for at least ___ days

I also agree to follow all home care procedures instructed by **BOUCHIQUE** Ltd (see do's and don'ts)

Signature _____

Date _____