

CLIENT CONSULTATION RECORD - LEVEL 3



Page number:

Learner name		Trainer/Assessor name	
Client name		Date	
New client	Yes/No	Regular client	Yes/No

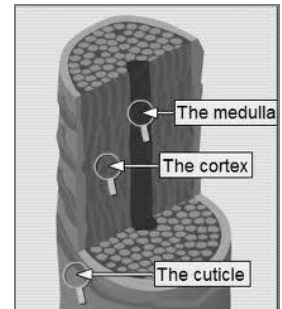
Client's requirements

Hair movement, density and length

Movement	<input type="checkbox"/> very curly	<input type="checkbox"/> curly	<input type="checkbox"/> straight	<input type="checkbox"/> very straight
Density	<i>single hair</i>	<input type="checkbox"/> fine	<input type="checkbox"/> medium	<input type="checkbox"/> coarse
	<i>whole head</i>	<input type="checkbox"/> thin/sparse	<input type="checkbox"/> medium	<input type="checkbox"/> thick/dense
Length	<input type="checkbox"/> above shoulders	<input type="checkbox"/> below shoulders		

Hair condition

Elasticity test (strength of cortex)	<input type="checkbox"/> stretches and breaks	<input type="checkbox"/> stretches but does <u>not</u> return to original length	<input type="checkbox"/> stretches and returns to original length <u>without</u> breaking (normal)	<input type="checkbox"/> does not stretch	
Porosity test (state of cuticle)	<input type="checkbox"/> tightly closed	<input type="checkbox"/> smooth (normal)	<input type="checkbox"/> raised at mid lengths and ends	<input type="checkbox"/> raised along whole of hair shaft	<input type="checkbox"/> split ends
Damage caused by	<input type="checkbox"/> chemicals	<input type="checkbox"/> product build up	<input type="checkbox"/> heat styling	<input type="checkbox"/> poor hair care	<input type="checkbox"/> environment



Scalp condition

<input type="checkbox"/> dandruff affected	<input type="checkbox"/> oily	<input type="checkbox"/> dry	<input type="checkbox"/> product build up	<input type="checkbox"/> normal	<input type="checkbox"/> other (state)
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Contraindications: please use the spaces below to record your client's response to questions asked about the following:

skin and scalp disorders or diseases	<i>Client's response:</i>	cuts and abrasions	<i>Client's response:</i>	product allergies	<i>Client's response:</i>
other allergies	<i>Client's response:</i>	recent scar tissue	<i>Client's response:</i>	recent injury to treatment area	<i>Client's response:</i>

Other contraindications (✓ if applicable)

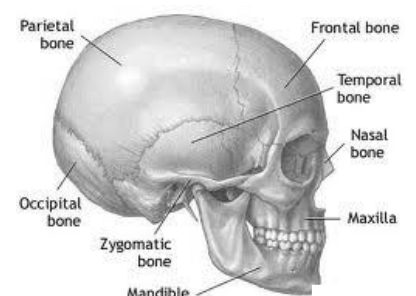
<input type="checkbox"/> Incompatible products	<input type="checkbox"/> medical advice or instructions	<input type="checkbox"/> evident hair damage	<input type="checkbox"/> suspected infection	<input type="checkbox"/> suspected infestation
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Face shape

<input type="checkbox"/> Oval	<input type="checkbox"/> Round	<input type="checkbox"/> Square	<input type="checkbox"/> Diamond

Head shape

<input type="checkbox"/> flat crown area	<input type="checkbox"/> narrow at temples	<input type="checkbox"/> wide at temples
<input type="checkbox"/> narrow forehead	<input type="checkbox"/> wide forehead	<input type="checkbox"/> flat occipital area
<input type="checkbox"/> pronounced occipital area	<input type="checkbox"/> short neck	<input type="checkbox"/> long neck
<input type="checkbox"/> prominent ears	<input type="checkbox"/> other	



Hair growth patterns		
<input type="checkbox"/> widow's peak	<input type="checkbox"/> cowlick	<input type="checkbox"/> double crown
<input type="checkbox"/> receding hairline at temples	<input type="checkbox"/> low hairline at front/sides	<input type="checkbox"/> low nape hairline
<input type="checkbox"/> high hairline in nape area	<input type="checkbox"/> whorl	<input type="checkbox"/> non-uniform growth patterns

Restyling techniques and effects to be used		
<input type="checkbox"/> graduating	<input type="checkbox"/> layering	<input type="checkbox"/> tapering
<input type="checkbox"/> club cut	<input type="checkbox"/> scissors/clipper-over-comb	<input type="checkbox"/> thinning
<input type="checkbox"/> free hand	<input type="checkbox"/> texturising	<input type="checkbox"/> disconnecting
<input type="checkbox"/> asymmetric	<input type="checkbox"/> classic	<input type="checkbox"/> current
<input type="checkbox"/> precision cut	<input type="checkbox"/> fringe	<input type="checkbox"/> parting off-centre
<input type="checkbox"/> parting over right eye	<input type="checkbox"/> parting over left eye	<input type="checkbox"/> parting in centre

Styling and dressing techniques to be used		
<input type="checkbox"/> setting	<input type="checkbox"/> blow drying	<input type="checkbox"/> pin curling
<input type="checkbox"/> finger waving	<input type="checkbox"/> heated styling equipment	<input type="checkbox"/> winding point to root
<input type="checkbox"/> winding root to point	<input type="checkbox"/> rolls	<input type="checkbox"/> pleats
<input type="checkbox"/> knots	<input type="checkbox"/> twists	<input type="checkbox"/> plaits
<input type="checkbox"/> curls	<input type="checkbox"/> woven effect	<input type="checkbox"/> 40% up the rest down
<input type="checkbox"/> added hair	<input type="checkbox"/> non conventional item to style	<input type="checkbox"/> non conventional item to dress
<input type="checkbox"/> ornamentation/accessories	<input type="checkbox"/> back-combing	<input type="checkbox"/> back-brushing

Styling tools and equipment to be used				
<input type="checkbox"/> setting rollers	<input type="checkbox"/> round brushes	<input type="checkbox"/> combs	<input type="checkbox"/> pin curl clips	<input type="checkbox"/> grips and pins
<input type="checkbox"/> tongs	<input type="checkbox"/> heated rollers	<input type="checkbox"/> straighteners	<input type="checkbox"/> hand-held dryer	<input type="checkbox"/> hood dryer
<input type="checkbox"/> flat brush	<input type="checkbox"/> diffuser	<input type="checkbox"/> scissors	<input type="checkbox"/> thinning scissors	<input type="checkbox"/> razor
<input type="checkbox"/> clippers	<input type="checkbox"/> nozzle	<input type="checkbox"/> crimpers	<input type="checkbox"/> other (please state)	

Products to be used				
<input type="checkbox"/> shampoo	<input type="checkbox"/> surface conditioner	<input type="checkbox"/> penetrating treatment	<input type="checkbox"/> scalp treatment	
<input type="checkbox"/> lotion	<input type="checkbox"/> gel	<input type="checkbox"/> mousse	<input type="checkbox"/> sprays	<input type="checkbox"/> thickener
<input type="checkbox"/> serum	<input type="checkbox"/> creams	<input type="checkbox"/> wax	<input type="checkbox"/> heat protectors	<input type="checkbox"/> other

Space for any additional comments

<p><i>Affix after service</i> Photograph here</p>

Client signature	
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Learner signature	

Trainer/Assessor signature	
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Use next pages for chemical service consultations

Client's name:		Date:	
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THIS PART TO BE COMPLETED FOR COLOURING

Results of precautionary tests

incompatibility test	<input type="checkbox"/> positive	<input type="checkbox"/> negative	date test was carried out if <u>not</u> today:	
skin/patch test	<input type="checkbox"/> positive	<input type="checkbox"/> negative	date test was carried out if <u>not</u> today:	
colour test (state the test you did and the result)				

Existing hair colour and % of white hair

natural hair	depth (base) =	tone =	% of white hair =	
chemically coloured hair	depth (base) =	tone =	degree of fade =	
Regrowth present?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Regrowth over 3.5 cms?	<input type="checkbox"/> yes <input type="checkbox"/> no
Special application required?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If yes, describe sequence and application	

Colour application techniques and correction requirements

<input type="checkbox"/> full head lightener (bleach)	<input type="checkbox"/> regrowth lightener (bleach)	<input type="checkbox"/> block lightener (bleach)	<input type="checkbox"/> partial lightener (bleach)	<input type="checkbox"/> slicing
<input type="checkbox"/> block cover tint	<input type="checkbox"/> weaving	<input type="checkbox"/> restoring depth and tone	<input type="checkbox"/> neutralising colour tone	<input type="checkbox"/> colouring resistant hair
<input type="checkbox"/> removing artificial colour on a full head	<input type="checkbox"/> removing bands of colour	<input type="checkbox"/> recolouring lightened hair using pre-pigmentation and permanent colour on at least 60% of the head	<input type="checkbox"/> recolouring a full head of hair that has had artificial colour removed	<input type="checkbox"/> correcting highlights and lowlights

Products to be used

<input type="checkbox"/> semi permanent colourant product range: shade(s):	<input type="checkbox"/> quasi colourant product range: shade(s):
<input type="checkbox"/> permanent colourant product range: shade(s):	<input type="checkbox"/> lightener (bleach) product range: strength:
<input type="checkbox"/> toner product range: shade(s):	<input type="checkbox"/> artificial colour remover product range: strength:
developer/oxidant/peroxide	<input type="checkbox"/> 3% <input type="checkbox"/> 6% <input type="checkbox"/> 9% <input type="checkbox"/> 12% <input type="checkbox"/> other

Space for any additional comments

Affix *after* service
Photograph here

Client signature	
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Learner signature	
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Trainer/Assessor signature	
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Client's name:		Date:	
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THIS PART TO BE COMPLETED FOR PERMING

Has this client had a perm before?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If no, have you explained, without using technical terms, the main stages of the service?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Previous chemical treatment		
<input type="checkbox"/> virgin hair (no previous chemicals)	<input type="checkbox"/> 100% chemically treated	<input type="checkbox"/> partly chemically treated

Results of precautionary tests			
Incompatibility test	<input type="checkbox"/> positive	<input type="checkbox"/> negative	date test was carried out if <u>not</u> today:
Skin test	<input type="checkbox"/> positive	<input type="checkbox"/> negative	date test was carried out if <u>not</u> today:
Pre-perm test (state the test you did and the result)			

Direction and degree of movement required				
Movement <i>after</i> perming	<input type="checkbox"/> loose/wavy	<input type="checkbox"/> medium curls	<input type="checkbox"/> tight curls	<input type="checkbox"/> very tight
Uniformity of desired movement	<input type="checkbox"/> uniform all over	<input type="checkbox"/> looser in a certain area	<input type="checkbox"/> tighter in certain areas	
Direction of desired movement	<input type="checkbox"/> towards face	<input type="checkbox"/> away from face	<input type="checkbox"/> other (please state)	

Sectioning and winding techniques		
<input type="checkbox"/> partial head	<input type="checkbox"/> full head	<input type="checkbox"/> root only
<input type="checkbox"/> spiral wind	<input type="checkbox"/> stack wind	<input type="checkbox"/> double wind
<input type="checkbox"/> weave wind	<input type="checkbox"/> hopscotch wind	<input type="checkbox"/> piggyback wind

Temperature - how will the temperature of the salon/client affect the service and what you use?

Products, tools and equipment			
<input type="checkbox"/> barrier cream	<input type="checkbox"/> end papers	<input type="checkbox"/> pre-perm shampoo product range:	<input type="checkbox"/> pre-perm treatment product range:
<input type="checkbox"/> perm lotion product range: strength:		<input type="checkbox"/> neutraliser product range:	<input type="checkbox"/> Other perming product?
<input type="checkbox"/> plastic cap	<input type="checkbox"/> cotton wool strip	<input type="checkbox"/> post-perm treatment product range:	<input type="checkbox"/> a source of heat
<input type="checkbox"/> perming rods/rollers		<input type="checkbox"/> other	
<input type="checkbox"/> all the same <input type="checkbox"/> different sizes <input type="checkbox"/> extra large <input type="checkbox"/> large <input type="checkbox"/> medium <input type="checkbox"/> small <input type="checkbox"/> very small			

Space for any additional comments

Affix <i>after</i> service Photograph here

Client signature	
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Learner signature	
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