GBB Hair Extensions

HAIR EXTENSION CONSULTATION SHEET

NAME: _____ DATE: _____

HAIR ANALYSIS

Length: _____

Natural Hair Type: ☐ Straight ☐ Wavy ☐ Curly

Texture: ☐ Fine ☐ Medium ☐ Coarse

Density: ☐ Thin ☐ Medium ☐ Thick

Condition: ☐ Healthy ☐ Dry ☐ Damaged ☐ Treated ☐ Other: _____

Color: _____

Color-treated/Chemically processed: ☐ Yes ☐ No (If Yes, Specify: _____)

Scalp Condition: ☐ Healthy ☐ Dry/Itchy ☐ Oily ☐ Sensitive

HAIR EXTENSION GOALS

Desired Length: _____ Volume: _____

Preferred Texture: _____ Preferred Color: _____

Extension Method: ☐ V-Light ☐ Tape-In ☐ Weft ☐ Clip-In ☐ Nano ☐ Fusion ☐ I-Tip

Purpose: ☐ Length ☐ Volume ☐ Color ☐ Special Occasion ☐ Hair Loss

LIFESTYLE & MAINTENANCE

Wash Frequency: _____ Styling: _____

Products Used: _____

Use Heat Tools: ☐ Yes ☐ No

Willing to Maintain Extensions: ☐ Yes ☐ No

Maintenance Schedule: ☐ Every 4-6 weeks ☐ Every 6-8 weeks ☐ Other: _____

CONSULTANT RECOMMENDATIONS

Extension Type: _____ Length & Shade: _____

Amount Required: _____ Cost Estimate: _____

Deposit Amount: _____