

## GREAT LENGTHS CLIENT QUESTIONNAIRE

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Birthday \_\_\_\_\_

1. How did you hear of the Great Lengths hair extension service? \_\_\_\_\_
2. How did you hear of the Salon/Extension artist? \_\_\_\_\_
3. What is your reason for wanting Great Length hair extensions? \_\_\_\_\_  
\_\_\_\_\_
4. Have you ever worn hair extensions before? \_\_\_\_\_  
\_\_\_\_\_
5. If yes, when and what type? \_\_\_\_\_  
\_\_\_\_\_
6. During any of these services, did you experience excess hair loss or damage to your natural hair? If yes elaborate.  
\_\_\_\_\_  
\_\_\_\_\_
7. Are you interested in Great Lengths to help you "grow out" your hair from its present condition? \_\_\_\_\_  
\_\_\_\_\_
8. What is the longest your hair will grow? \_\_\_\_\_

9. When was the last time you let it grow to that length? \_\_\_\_\_

10. What was your reason for cutting it? \_\_\_\_\_

11. What is your long term goal for your hair? \_\_\_\_\_

12. How long do you want you hair?

Bang \_\_\_\_\_ Sides \_\_\_\_\_

Crown \_\_\_\_\_ Nape \_\_\_\_\_

13. Where do you want to see volume? Bottom of the hair \_\_\_\_\_, or throughout \_\_\_\_\_

14. Where do you want to see more length?

Bang \_\_\_\_\_ Sides \_\_\_\_\_

Crown \_\_\_\_\_ Nape \_\_\_\_\_

15. What is you normal maintenance program? \_\_\_\_\_  
\_\_\_\_\_

16. What products do you use at home and how frequently? \_\_\_\_\_  
\_\_\_\_\_

17. Do you and how often do you get the following services?

Color \_\_\_\_\_

Highlights/ Lowlights \_\_\_\_\_

Perm \_\_\_\_\_

Relaxer \_\_\_\_\_

18. How often do you like to change your style or hair color? \_\_\_\_\_

19. Does your hair tangle easily? \_\_\_\_\_

20. Are you presently taking any medication(s) or under a physician's care? \_\_\_\_\_

What medication? \_\_\_\_\_

How long? \_\_\_\_\_

21. Have you been ill, had surgery or on any medication(s) in the past 6 months or year? \_\_\_\_\_

If yes, elaborate. \_\_\_\_\_

22. Are you planning to have surgery in the next 6 months? \_\_\_\_\_

23. Do you have any allergies (chemicals, medications, substances, materials or any others)? \_\_\_\_\_

\_\_\_\_\_

24. Do you have any medical conditions that may interfere with this service? IE: Migraines, headaches, history of scalp problems? Please explain \_\_\_\_\_

25. Are you presently experiencing an unusual amount of hair loss? \_\_\_\_\_

Reason: chemo therapy, stress, pregnancy, alopecia, hormones, etc. \_\_\_\_\_

26. Special interests or hobbies: \_\_\_\_\_

27. Work-out or sport activites: \_\_\_\_\_

28. Do you use tanning beds? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

29. Any questions or concerns regarding the service? \_\_\_\_\_

\_\_\_\_\_

MODEL RELEASE FORM:

I GIVE MY PERMISSION TO \_\_\_\_\_ (SALON) TO SHOW OR USE ALL BEFORE AND AFTER PICTURES IN PUBLIC. I WILL NOT RECEIVE ANY GRATUITY OR FEE.

\_\_\_\_\_ Date \_\_\_\_\_

(SIGNATURE)

## MEDICAL INTERACTIONS THAT MAY CAUSE HAIR LOSS

Some drugs have been reported as causing hair loss in some individuals. While not everyone will experience hair loss, some drugs are more likely to cause hair loss than others.

The following is a partial list of drugs that have been reported to have a side effect of hair loss:

### **Cholesterol-lowering drugs**

Clofibrate (Atromin-S)  
Gemfibrozil (Lopid)

### **Parkenson medications**

Levodopa (Dopar, Larodopa)

### **Ulcer drugs**

Cimetidine (Tagamet)  
Ranitidine (Zantac)  
Famotidine (Pepcid)

### **Anit-coagulents**

Coumarin  
Heparin

### **Agents for Gout**

Allopurinol (Iopurin, Zyploirim)

### **Anti-arthritics**

Penicillamine  
Auranofin (Ridaura)  
Indomethacin (i/Indicin)

Naproxen (Naprosyn)

Sulindac (Clinorilo)

Methotrexate (Folexo)

### **Anti-convulsants**

Trimethadion (Tridione)

### **Beta Blockers**

Atenolol (Tenormin)  
Metoprolol (Lopressor)  
Nadolol (Corgard)  
Propranolol (Inderal)  
Timolol (Blocadren)

### **Anti-Thyroid agents**

Carbimazole  
Iodine  
Thiocyanate  
Thiouracil

### **Calcium Channel Blockers**

Calan 240mg.

### **Others**

Blood thinners  
Some male hormones  
(anabolic steroids)  
Most anti-cancer medications

### **Drugs derived from vitamin-A**

Isotretinoin (Accutane)  
Etreinate (Tegison)

### **Anti-depressants**

Tricyclics  
Amphetamines

The above drugs are only a few of the drugs that have been reported as contributing toward hair loss. If you suspect your hair loss is due to medication, consult with your doctor and pharmacist.

Source: Health Review Magazine, January 1996    Other resources:    [www.webmd.com](http://www.webmd.com), [www.hairloss.com](http://www.hairloss.com), [rxlist](http://rxlist)

## HOME CARE MAINTENANCE

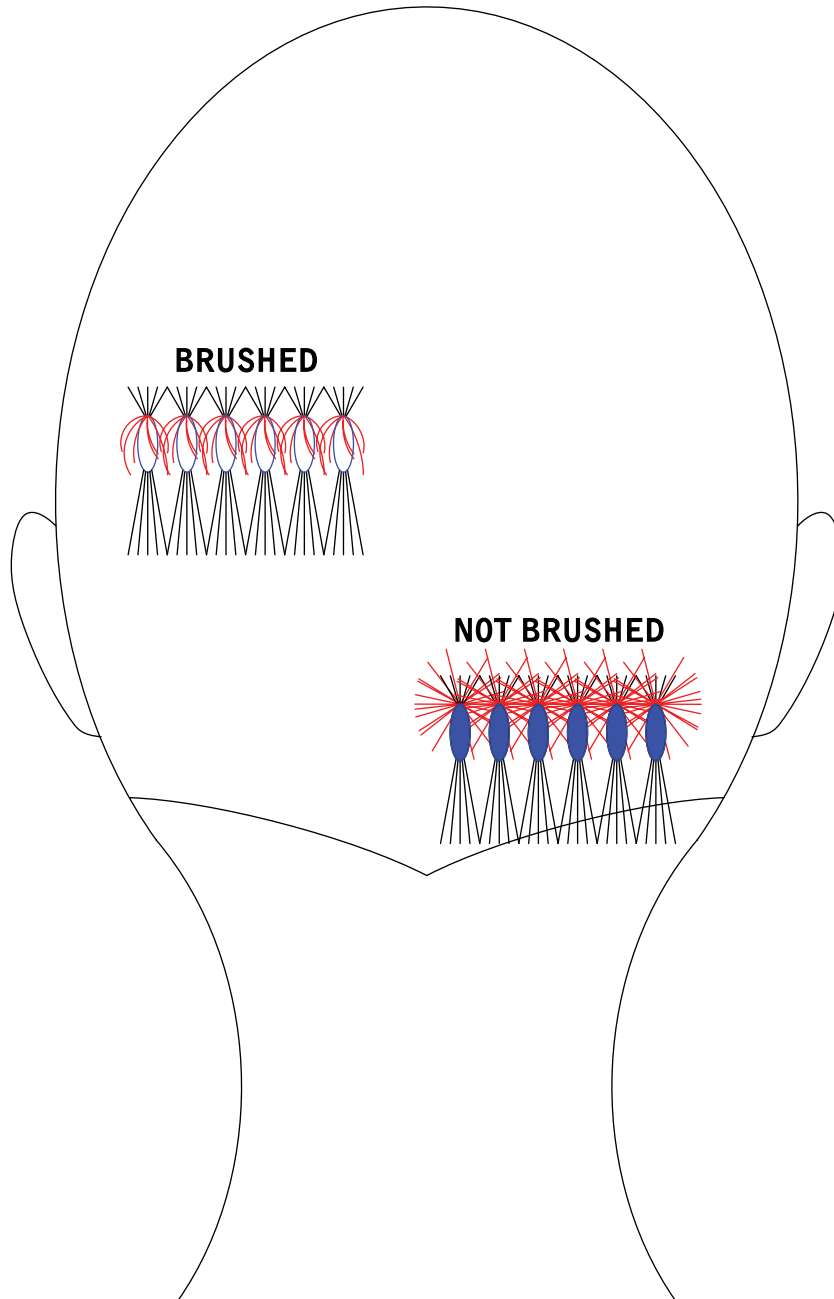
1. Do not shampoo for two days. Always wash your hair with your head back and not tilted forward. Never dry with a scrubbing action, instead wrap with a towel to absorb water. Always dry bonds to prevent bond breakdown.
2. Always use Anti-Tap after every wet treatment on the bonds. Mix 1oz. of Anti-Tap to 8oz. of water in a spray bottle. If you cannot shampoo immediately anytime when the bonds are wet, spray Anti-Tap on the bonds and then dry bonds. Shampoo, apply Anti-Tap and then dry the bonds as soon as possible. Do not use sulfur products or water that has sulfur.
3. Brush Great Lengths three times a day, with recommended brush. Brush row by row, scalp to ends, starting from the nape up. Always pull Great Lengths into a scrunchy while sleeping or any activity that has your hair blowing in the wind. If you have curly hair, brush once in the morning and once at night. Use a wide toothed comb to gently remove tangles from mid-shaft to ends. Do not use a comb near the scalp area or the Great Lengths bonds.
4. All the above is extremely important to prevent tangling or matting.
5. No ponytails tight or high on top of the head. No ponytails put up and left wet.
6. Return to the salon in two weeks for a checkup service. \_\_\_\_\_
7. Curling irons, flat irons and hot rollers may be used, but must be kept an adequate distance from the Great Lengths bond, approximately 1 ½ inches from the bond. Do not use a hot blow dryer on the bond area, medium heat only.
8. Activities taking place in a constant damp environment such as aerobics, steam baths or saunas, may lessen the longevity of the Great Lengths service. Precautions should be taken to avoid these conditions being repeated.
9. Sea water and pools can cause bond breakdown due to the constant damp environment. To minimize these effects, wet hair completely in a shower and apply Anti-Tap prior to swimming. After swimming, shampoo, apply Anti-Tap and blow-dry the bonds to prevent bond breakdown.
10. Some extension loss is normal and to be expected. Average Client hair loss is 50-150 hairs a day. A full head application covers approximately one third of the head. You can expect to see a small quantity of naturally released hairs trapped in the attachments after some time. This is normal and should not be interpreted as hairs pulled out of the scalp by the extensions themselves. Daily brushing close to the scalp and finger separation of the applied strand will avoid matting in this area. Pull trapped hairs back toward scalp to loosen before separating strands.

**I have read, initialed and understand my Home Care Maintenance sheet. If I do not follow the above instructions, I understand \_\_\_\_\_ Salon cannot be held responsible. I understand if I do not follow the Home Care Maintenance sheet, that the Great Lengths service cannot be held responsible.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stylist: \_\_\_\_\_ Date: \_\_\_\_\_

BRUSHING ILLUSTRATION



## GREAT LENGTHS STYLIST OBSERVATION FORM (Present condition of Client's hair and scalp)

**Hair**

Texture \_\_\_\_\_

Density \_\_\_\_\_ Problem areas due to breakage/thinning \_\_\_\_\_

Length \_\_\_\_\_ Style of Cut \_\_\_\_\_

Natural curl/wave pattern \_\_\_\_\_

\*Permwave/relaxer \_\_\_\_\_

Natural hair color/level \_\_\_\_\_

\*Color/highlight(s) \_\_\_\_\_

Is the Client's hair strong and healthy enough to support the GL strands? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_**Scalp Condition**

Normal \_\_\_ Tight \_\_\_ Loose \_\_\_ Dry \_\_\_ Oily \_\_\_ Scars \_\_\_

Previous breakage or bald spots: \_\_\_\_\_

\_\_\_\_\_  
Other Comments: \_\_\_\_\_\_\_\_\_\_  
Is the Client's scalp suitable to sustain additional strands? \_\_\_\_\_

Is there reason to restrict application or opt for a trial period? \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Stylist Name: \_\_\_\_\_

Stylist Signature: \_\_\_\_\_

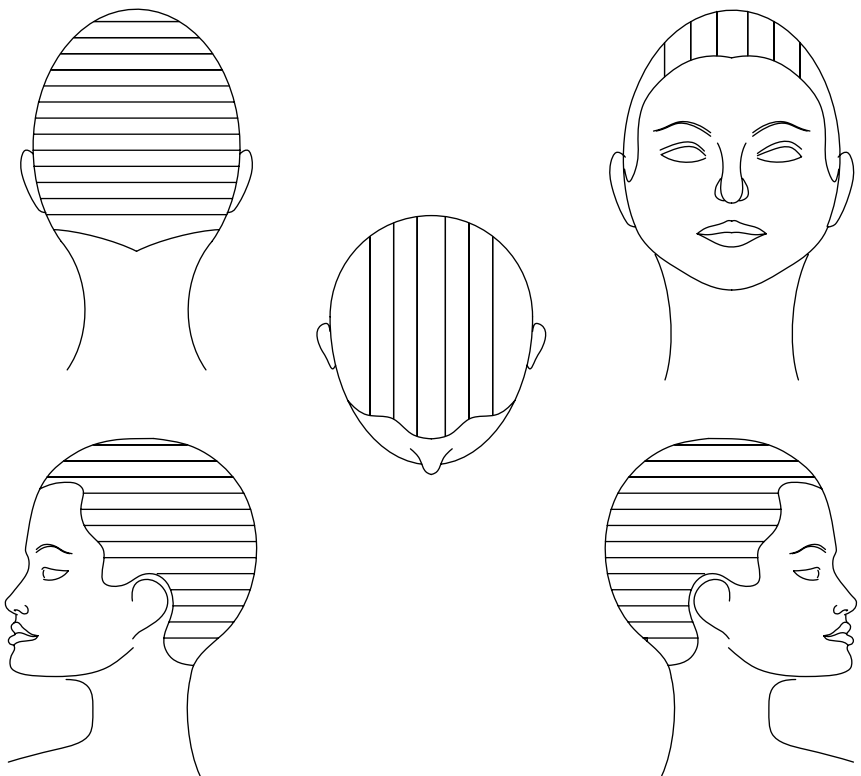
Date: \_\_\_\_\_

**CLIENT DESIGN INFORMATION**

Name \_\_\_\_\_ Date: \_\_\_\_\_

Standard Application: Yes \_\_\_\_\_ No \_\_\_\_\_

Total # Strands \_\_\_\_\_ Total # Bundles \_\_\_\_\_ Price/Strand \_\_\_\_\_



	Color #	# Bundles	Length(s)
L	_____	_____	_____
M	_____	_____	_____
D	_____	_____	_____
Hilite	_____	_____	_____
Lowlite	_____	_____	_____



**DEPOSIT AGREEMENT (SAMPLE)**

Any cancellation or changes in an appointment must be made \_\_\_\_\_ hours/days prior to the scheduled appointment, otherwise deposit will be forfeited. You must then make a new appointment and another deposit will be required.

If you change the color or texture of your hair between the consultation and the application appointment, you agree to notify \_\_\_\_\_ Salon prior to the application appointment to schedule a new consultation. A new deposit may be necessary.

\_\_\_\_\_ Salon requires the payment to be guaranteed by a major credit card if you pay by check. If the check is returned, this agreement gives \_\_\_\_\_ Salon the authorization to transpose the amount of the check onto the credit card given. If a major credit card is not available, cash is required. \_\_\_\_\_ Salon will protect your privacy rights as a consumer and keep all information strictly confidential.

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Security#: \_\_\_\_\_

- Please keep Home Maintenance sheet to insure satisfactory results.
- I have read, initialed and understand my Client questionnaire, Home Care Maintenance sheet and Deposit Agreement.

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

Time Required: \_\_\_\_\_

Total Price of Application: \_\_\_\_\_

50% Deposit required (nonrefundable): \_\_\_\_\_

Balance Due day of appointment: \_\_\_\_\_

Removal will be done for \$ \_\_\_\_\_ an hour

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stylist Name: \_\_\_\_\_

Stylist Signature: \_\_\_\_\_ Date: \_\_\_\_\_