

Elle Salon LTD Questionnaire and Release Form for Smoothing Treatments/Perm

Complete this form and bring to your consultation. A copy will be kept on file at the salon.

1. Are you pregnant? YES NO

2. Are you currently, or have you been, on medication relating to cancer, heart, fertility, thyroid or any major non-psychiatric drug? YES NO If YES, then you run the risk of having hair that will not smooth completely. If you choose to take that risk, you will be charged for the appointment, even if your hair does not go smooth.

3. Do you have upper respiratory problems? YES NO

4. Has any of the hair on your head been previously straightened or smoothed? YES NO If YES, was the straightening performed with Thio-based or hydroxide-based chemicals? Brand? _____

5. Has any of the hair on your head been colored, including henna? YES NO If YES, how long ago? _____ And if so, was it done professionally or at home Box color? _____ If there are highlights, what type of lightening product was used (bleach, peroxide, etc.)?

NOTE – In particular, we will make you aware of our concerns with regard to Henna color, and the potential for damaging the hair as a result of perming or smoothing. Performing a patch test does not guarantee final results.

6. Has any of the hair on your head been permed? YES NO If YES, how long ago?

7. Do you have well water at home? YES NO *

8. How often do you wash your hair, on average? _____

8. Do you have sensitivities to any chemicals? YES NO If YES, to which ones? _____

9. What products do you use on your hair (shampooing and styling products)? * _____

10. Do you feel that you shed a normal amount of hair each day? YES NO

11. Are there any medical reasons why you are not able to sit for extended periods of time? YES NO If YES, you need to postpone your appointment until those issues are resolved.

12. Do you wear clips, rubber bands, headbands or any other hair accessory on a regular basis? YES

NO If YES, which ones? _____

13. What condition do you feel your hair is in? * _____

14. What are you expecting the condition of your hair to be after it is chemically straightened?

15. Do you have a flat iron with temperature control? YES NO

16. Are you prepared to spend the time necessary for me to complete the entire process? YES NO
If NO, then you need to wait until you are ready to do so.

17. Are there any other factors I need to know about that might affect the ability for your hair to be smoothed or permanently waved? YES NO If YES, contact me prior to the appointment.

18. In the past, has your hair been resistant to chemical services? YES NO If YES, when and what chemical service? * _____

19. How did you hear about this service?

20. How did you hear about Elle Salon LTD?

21. Do you regularly use thermal tools on your hair? YES NO

***A Malibu C treatment or other treatments may be needed prior to your smoothing/perming service based on how these questions are answered. This is a separate in salon treatment that is a cost to the client.**

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

I have read and understood this **Elle Salon LTD Questionnaire and Release Form for Smoothing Treatments/Perm** prior to signing this document. I will follow all procedures to ensure my results are optimum. By signing this agreement, I acknowledge that I am aware that the results will vary from person to person. I cannot hold Elle Salon LTD legally or financially responsible for the pre-chemical condition of my hair, which will have an effect on my resulting smoothness or permanent wave.

Signature of customer _____

Printed name of customer _____

Date _____

STYLIST AGREEMENT WITH CLIENT

I, (stylist), agree to give (client) my most focused and undivided attention for the duration of the chemical service, as well as maintain open communication afterwards to ensure my client's hair is as chemically smooth (not straight) as it can possible be. I promise to address and resolve all issues as soon as humanly possible. Unintentionally under processed sections of hair, reported to me within one week of the straightening will be redone free of charge as soon as possible, unless other agreements have

been made in writing. And, I will adhere to my commitment of continued education regarding thermal conditioning to maintain awareness of current information and new developments within this field.

Signature of stylist_____

Printed name of stylist_____

Date_____