Hairdressing Consultation/Analysis Form

Client name:		New ☐	Regular ☐
Learner name:			
Assessment date:			

Hair/scalp details:				
Hair condition:	Dry ☐	Greasy ☐	Normal ☐	Chemical damage ☐
	Environmental damage ☐	Heat damage ☐	Product build-up ☐	
Hair classification:	Straight ☐	Wavy ☐	Curly ☐	Very curly
Hair texture:	Very fine ☐	Fine ☐	Medium ☐	Coarse
Hair density:	Very fine ☐	Fine ☐	Medium ☐	Low
Scalp condition:	Dry ☐	Oily ☐	Dandruff ☐	Normal
	Product build-up ☐			
Growth patterns:	Nape whorls ☐	Widow peaks ☐	Cowlick ☐	Double crown ☐
Diagnostic tests:	Skin test ☐	Elasticity ☐	Porosity ☐	Incompatibility test ☐
Previous products used:				

Has the client any adverse hair/scalp or skin conditions? (Contra-indications): Please tick the box below		
Allergies to products ☐	History of allergic reactions ☐	Medical advice or instruction ☐
Cuts, abrasions and scar tissue ☐	Recent incompatibility to products ☐	Skin and scalp disorders and diseases ☐
Unable to carry out service for the following reason:		
Recent injuries ☐	Evidence of hair damage ☐	Recent scar tissue damage ☐
Positive reactions to tests ☐		

Service to be carried out: Please tick the box below		
Conditioning treatment ☐	Cutting ☐	Products used during service:
Blow drying ☐	Colouring ☐	Recommended Products/Services:
Setting ☐	Relaxing ☐	
Hair up ☐	Perming ☐	Client Comments:
Plaiting/twisting ☐	Cutting facial hair ☐	

Colouring:				
Colour sensitivity test checked:				
Natural depth, Natural tone:				
Existing colour mid lengths/ends:				
% of white:				
Target colour: colour applied depth & tone				
Peroxide strength:				
Mixing ratio:				
Product chosen:	Temporary ☐	Semi ☐	Quasi ☐	Permanent ☐
	High lift tint ☐	Bleach ☐		
Application method:	Full head ☐	Re-growth ☐	Cap ☐	Weave ☐
	Slicing ☐	Block colour ☐		
Colour correction:	Removing artificial colour ☐	Re-colour pre-lightened hair using pre-pigmentation & permanent colour ☐		
	Removing bands of colour ☐	Re-colour full head which has had artificial colour removed ☐		

Client signature: _____

Personal Presentation:		Health & Safety:		Consultation:		Preparation:	
Uniform	☐	Sterilisation	☐	Discussed and agreed service	☐	Tools selected	☐
Nails/hair	☐	P.P.E	☐	Consultation form completed	☐	Record card	☐
Personal hygiene	☐	Working area/mirror	☐			Client protection	☐
		Tool presentation/trolley	☐			Products selected	☐
		Electrical equipment	☐				
		Reporting faults or spillages	☐				

Communication:		Client Care:		Commercial Timings:		Aftercare Recommendations:	
With client	☐	Initial welcome	☐	Effective use of time	☐	Future services	☐
With colleagues	☐	Protection	☐	Completed in recommended time	☐	Products	☐
With tutor	☐	Checked client well-being	☐			Sales	☐

Practice: (select which is appropriate)		**Assessment:** (overall decision)	
Needs more practice	☐	Competent/Proficient	☐
Ready for assessment	☐	Referred	☐

Aftercare advice:	
Product/future treatments recommended:	
Areas for further development:	

Assessor/Lecturer's name: _____

Assessor/Lecturer's signature: _____**Date:** _____

Learner signature: _____ **Date:** _____

Learner's comments:

Quality Assurer Name: _____

Quality Assurer signature: _____ **Date:** _____

External Quality Assurer Name: _____

External Quality Assurer signature: _____ **Date:** _____
(if sampled)