

## Hair Analysis Card

<input type="checkbox"/> Hair Texture	<input type="checkbox"/> Hair Type	<input type="checkbox"/> Hair Condition
<input type="checkbox"/> Fine	<input type="checkbox"/> Straight	<input type="checkbox"/> Dry
<input type="checkbox"/> Medium	<input type="checkbox"/> Wavy	<input type="checkbox"/> Normal
<input type="checkbox"/> Coarse	<input type="checkbox"/> Curly	<input type="checkbox"/> Oily
<input type="checkbox"/> Combination	<input type="checkbox"/> Excessively Curly	<input type="checkbox"/> Combination
<input type="checkbox"/> Other		

Date of Last Chemical Service: \_\_\_\_\_

Performed by Licensed Stylist?  Yes  No

### Hair Description

<input type="checkbox"/> Virgin Hair	<input type="checkbox"/> Permanent Wave	<input type="checkbox"/> Color	<input type="checkbox"/> Relaxed
<input type="checkbox"/> Bleach			

### Health Information

Any allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recent Surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### How were you referred to us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> A Friend/Client Referral
<input type="checkbox"/> Gift Certificate	<input type="checkbox"/> Walk-in	<input type="checkbox"/> New To The Community
<input type="checkbox"/> Other		<input type="checkbox"/> Cosmetologist Recommended

*Please notify us of any changes. Thank you!*

Comments:

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