

MIZANI®

THE CLIENT CONSULTATION

CLIENT INFORMATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ HOME PHONE (_____) _____

STAGE ONE - HAIR HISTORY

1. CHEMICAL SERVICES (within past year)

- Chemical Relaxer
- Sodium Hydroxide, Date: _____
- Guanidine Hydroxide, Date: _____
- Permanent Wave - Ammonium Thiglycolate (thio), Date: _____
- Haircolor - Sulfite preparations, Date: _____
 - Permanent
 - Semi-Permanent
 - Temporary
 - Bleached/Highlighted
- Other: _____

2. HAIRSTYLING SERVICES (within past month)

- Blow dry and curl, Date: _____
- Press and curl, Date: _____
- Marcel irons, Date: _____
- Hot rollers, Date: _____
- Shampoo and set, Date: _____
- Braids and/or weave, Date: _____
- Other: _____

3. CONDITIONING TREATMENTS (within past month)

- Instant/balsam
- Moisturizer
- Leave-in
- Reconstructor
- Shampoo/Conditioner combination
- Other: _____

4. CLIENT'S HOME MAINTENANCE REGIME

Shampoo schedule: _____
Nightly roll: _____
Curling iron usage: _____
Braiding: _____
Other: _____

STAGE TWO - HAIR ANALYSIS

5. POROSITY - the hair's ability to absorb moisture

- Good - slightly raised cuticle
- Poor - resistant, tightly closed cuticle
- Extreme - wide-open cuticle, over-processed, very damaged hair

6. ELASTICITY - the hair's ability to stretch and return to its natural shape without breaking

- Good - stretches and returns
- Poor - brittle
- Extreme - over-elastic

7. TEXTURE - the diameter of an individual hair strand

- Fine
- Medium
- Coarse
- Very coarse

8. DENSITY - the amount of hair per square inch on the head

- Thin
- Medium
- Thick
- Very Thick

9. HAIR TYPE - natural curl pattern

- Straight - from a round follicle
- Wavy - from an oval follicle
- Curly - from a puffy, flat follicle
- Excessively curly - from a very flat follicle

10. HAIR LENGTH - in inches

_____ front; _____ sides;
_____ crown; _____ nape

STAGE THREE - PERSONAL INFORMATION

11. LIFESTYLE

- Active/athletic
- Office/business
- Student
- Other: _____

12. MEDICAL HISTORY

- Surgery Date: _____
- Serious Illness Date: _____
- Pregnancy Date: _____
- Trauma Date: _____
- Medications Type: _____
- Duration of use: _____

13. Client's personal goal concerning hair, as in desired services and/or processes: _____

STAGE FOUR - THE FINAL DIAGNOSIS

14. Client Diagnosis: _____

15. MIZANI Custom Blend Wheel results: _____

16. Recommended Treatment: _____

17. How often: _____

STYLIST SIGNATURE:
