



**Color Consultation Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Health History**

Are you currently taking any prescribed medications?  Yes  No

If yes, what medication(s)? \_\_\_\_\_

Have you ever been treated by a doctor for hair loss or scalp problem?  Yes  No

If yes, when were you last treated? \_\_\_\_\_

**Hair History**

Chemical Relaxing or Straightening Treatment How often? \_\_\_\_\_  
Date of last application \_\_\_\_\_

Perm How often? \_\_\_\_\_  
Date of last application \_\_\_\_\_

Texturizing Treatment How often? \_\_\_\_\_  
Date of last application? \_\_\_\_\_

Highlighting or Lowlighting How often? \_\_\_\_\_  
Date of last application \_\_\_\_\_

Full Color How often? \_\_\_\_\_  
Date of last application \_\_\_\_\_

Cellophane How often? \_\_\_\_\_  
Date of last application \_\_\_\_\_

What products are you currently using on your hair? \_\_\_\_\_

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Do you presently have any breakage, thinning areas, or bald spots?  Yes  No

If yes, where? \_\_\_\_\_

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Have you ever had any allergic reactions to products, treatments, or chemicals used on your skin or scalp?  Yes  No

If yes, please describe in detail. \_\_\_\_\_

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**Hair Details**

Please choose one of the following:

Hair Texture

- Fine
- Medium
- Coarse

Hair Type

- Straight
- Wavy
- Curly
- Extremely Curly

**Hair Color Expectations**

What type of color are you looking for? \_\_\_\_\_

Do you want a subtle or dramatic change? \_\_\_\_\_

Are you interested in Tinting gray hair?  Yes  No

**Additional Comments:** \_\_\_\_\_

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I grant Mahogany, its employees and representatives, permission to color my hair and not hold them responsible for any and all adverse health reactions from this service.

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