



**MAHOGANY HAIR**  
R E V O L U T I O N

**New Client Consultation Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Month/Day: \_\_\_\_\_ Referred by: \_\_\_\_\_

- 1) Is your hair currently natural? Yes No
- 2) How would you describe your scalp? Dry Normal Oily
- 3) How would you describe the current condition of your hair?  
Healthy Slightly Damaged Dry/Damaged
- 4) How frequently do you shampoo your hair? Daily Weekly Bi-weekly Monthly
- 5) How frequently do you deep condition your hair? Daily Weekly Bi-weekly As Needed
- 6) How would you describe the density of your hair? Fine Medium Thick
- 7) How would you describe the curl pattern of your hair?  
Straight Wavy Curly Kinky-Curly Tightly Coiled
- 8) Are you currently taking any medication that has side effects that can cause hair thinning and/or hair loss?  
If so, which one(s)?
- 9) Do you currently have or have you had any problems with hair loss in the past? Yes No
- 10) What are your long-term hair goals? (1-2 years or more) More Length More Moisture Permanent  
Color Other: \_\_\_\_\_
- 11) Is there anything you need to improve in your current method of hair care?  
Daily Regimen Hair Products Eating Habits Supplements Water Intake

Please read, sign and date below:

I understand that my credit card is required to book an appointment. The card is kept in a secure online system and is charged only in accordance with the Salon's payment policy. *A non-refundable reservation fee is required to hold your appointment and will be charged to your credit card upon booking. The reservation fee is credited toward your services on the day of your appointment. All cancellations with less than 24 hours notice will result in the client being charged 50% of the total amount of the services to be rendered.*

I understand that the reservation fee is due upon execution of this agreement to reserve the appointment and that the credit card on file will be charged for the remaining balance due upon completion of the service or if there is a late cancellation according to the Salon's payment policy, unless another form of payment is provided at that time. Your signature acknowledges understanding and compliance with this policy.

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

**Stylist Name:** \_\_\_\_\_ **Notes:** \_\_\_\_\_

---

(price, extension type/amount, products)