



Rasa Salon Consultation Form

Rasa Salon 62 W. Manheim St. Philadelphia, PA 19144 Phone: (215) 668-6296 Website: www.rasasaloon.com

The following information is necessary for our stylists to determine how to best service you. Please answer all questions accurately to the best of your knowledge. All information will be kept private and confidential. Please print & write clearly. Please Fax to (215) 844-0818 or Email to amber@rasasaloon.com

Do you prefer to have your hair serviced in our private boutique room? Yes No

Full Name _____ Phone # (Evening): _____
 Street Address _____ Phone # (Daytime): _____
 City _____ State _____ Zip _____ Phone # (Cellular): _____
 Gender Male Female Phone # (Work): _____
 Birthday (m)____/(d) _____ Phone # (Other): _____
 Email _____ Emergency Contact Name: _____
 Website _____ Emergency Contact #: _____

Is texting preferred for scheduling & confirming appointments? Yes No
 How did you hear about us? Website Facebook YouTube Newsletter Advertisement Friend
 Referred by: _____ Other: _____
 Occupation: _____ At: _____

Health History

How much water do you drink daily on average? 1c 2-3c 4-6c 8+
 Is your diet mostly consisting of? fats sugars processed foods meat fish vegetarian vegan raw/live
 Are you currently taking any prescription medications? Yes No
 If yes, for what ailment(s)? _____ Type of medication? _____
 How long on medication? _____ Vitamins or Hormones ? _____
 Please describe: _____
 Pregnant? Yes No Menopausal? Yes No Night Sweats? Yes No
 Allergies or adverse reactions? Hair Color Latex Oils Nuts Human or Synthetic hair citrus
 Other allergies please describe: _____
 Have you ever been treated by a doctor for hair loss or scalp problems? Yes No When? _____
 Diagnosis, current treatment plans, or results: _____
 Do you presently have any hairline breakage, thinning areas, or bald spots? Yes No

Hair History

Have you ever received or are currently receiving the following hair services:

Relaxer/Perm? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often? _____	Brand/Type: _____	Last application: _____
Permanent hair color? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often? _____	Brand/Type: _____	Last application: _____
Semi-permanent/rinse? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often? _____	Brand/Type: _____	Last application: _____
Extensions/weaves? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often? _____	Brand/Type: _____	Last application: _____
Locs ? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often? _____	Brand/Type: _____	Last application: _____
Natural Hairstyles? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often? _____	Brand/Type: _____	Last application: _____

How often do you shampoo & condition your hair? Daily 1x/wk 2x/wk Every 2 weeks monthly

What is the name & brand of shampoo you use? _____

What is the name & brand of conditioner you use? _____

What other products do you use on your hair? _____

Do you suffer from dry or itchy scalp? Yes No Do you have a problem with dandruff? Yes No

How often do you oil your scalp? Daily 1x/wk 2x/wk Rarely Never Other

How often is a blow dryer, flat iron, or other heated appliances used on your hair? Daily 1x/wk 2-3x/wk Other

How often do you visit a salon? _____ Reason? _____

Lifestyle

How often do you exercise? Never Daily 1x/wk 2-3x/wk Other

Do you perspire heavily? Yes No How well does your hair hold up? _____

What activities or hobbies do you participate in regularly? _____

How do you sleep at night? Side On back Toss & turn Do you cover your hair at night? Yes No Bonnet/scarf

Desired Hair Style

What is your desired hairstyle today? _____

If you could have your "Dream Hair", what would it be? _____

Are you interested in starting locs? Yes No Loc Extensions? Yes No

How soon do you want your hair serviced? _____

What days are you available? Sun Mon Tues Wed Thurs Fri Sat

Do you have a preferred or recommended Stylist? _____

I understand that the above information will be kept confidential & it is accurate to the best of my knowledge.

Signature: _____ **Date:** _____

Stylist Notes (for Staff Use Only)

Recommended Style/ Services: _____

Who can service this client? _____

Price quote for services estimate range: _____

Extensions \$ _____ Brand/ Type: _____ Texture: _____ Color: _____

Length: _____ HH / Synthetic

Hair Color Services: _____ Color Formula/ Brand: _____

Allotted Time for Service: _____

Natural Texture of Client: Straight Wavy Curly Tightly Curled

Condition of Hair: Healthy Dry Damaged Over-processed Fragile Balding

Scalp: Healthy Dry Dandruff Oily Needs to see a Dermatologist