**STONE & SAGE**
HAIR + SKIN STUDIO

# Hair & Scalp Treatment Consultation & Consent

*For cuts, blowouts, scalp wellness treatments, and chemical services. Please complete before your appointment.*

CLIENT NAME _____ DATE _____

SERVICE REQUESTED _____ LAST CHEMICAL SERVICE & DATE _____

## HAIR & SCALP PROFILE

HAIR TEXTURE, DENSITY, AND POROSITY

SCALP CONCERNS (DRYNESS, FLAKING, OILINESS, ITCHING, SENSITIVITY, SHEDDING)

HOME-CARE PRODUCTS CURRENTLY USED

GOALS FOR TODAY'S SERVICE

## SCREENING

| QUESTION | YES | NO | DETAILS |
|---|---|---|---|
| Any scalp irritation, open sores, psoriasis, eczema, or seborrheic dermatitis? | ☐ | ☐ | |
| Any hair loss, thinning, alopecia, or recent excessive shedding? | ☐ | ☐ | |
| Any allergy or past reaction to color, bleach, keratin, or hair products? | ☐ | ☐ | |
| Any box color, henna, or at-home color/bleach in the last 12 months? | ☐ | ☐ | |
| Any relaxer, perm, keratin, or smoothing treatment? | ☐ | ☐ | |
| Recent illness, surgery, childbirth, or major stress? | ☐ | ☐ | |
| Thyroid condition, anemia, or nutritional deficiency? | ☐ | ☐ | |
| Pregnant or breastfeeding? | ☐ | ☐ | |

Please circle or check Yes / No. If yes, add detail on the lines provided.

## MEDICATIONS THAT MAY AFFECT HAIR, SCALP & CHEMICAL SERVICES

Medications can change hair porosity, scalp sensitivity, shedding, and how color or treatment products process. Please check all that apply:

☐ Isotretinoin / Accutane (currently or within the last 12 months)

☐ Prescription retinoids — tretinoin, Retin-A, adapalene, tazarotene

☐ Oral or topical antibiotics (doxycycline, minocycline, tetracycline)

☐ Blood thinners — aspirin, warfarin, Eliquis, Plavix

☐ Steroids — prednisone, cortisone, topical hydrocortisone

☐ Hormonal medication, birth control, or fertility treatment

☐ Autoimmune, chemotherapy, radiation, or immunosuppressant therapy

☐ Diuretics, antihistamines, or acne medication of any kind

☐ Supplements, herbs, or essential oils used on the skin

OTHER MEDICATIONS, SUPPLEMENTS, OR RECENT CHANGES

## SUN, HEAT & ENVIRONMENT

| QUESTION | YES | NO | DETAILS |
|---|---|---|---|
| Frequent sun exposure, tanning beds, or outdoor work? | ☐ | ☐ | |
| Regular swimming in chlorinated or lake water? | ☐ | ☐ | |
| Daily heat styling (blow dryer, iron, curling wand)? | ☐ | ☐ | |
| Hard water at home? | ☐ | ☐ | |

Please circle or check Yes / No. If yes, add detail on the lines provided.

## CONSENT

I understand that hair and scalp results depend on my hair's history, condition, and home care, and that no exact result is guaranteed. I have disclosed all previous chemical services, at-home color, medications, and scalp conditions. I understand that a patch or strand test may be required, that undisclosed prior chemical services can cause unpredictable results or damage, and that corrective work may require additional appointments and cost. I agree to follow the home-care recommendations provided.

## ACKNOWLEDGEMENT & SIGNATURE

CLIENT NAME (PRINTED) SIGNATURE DATE

PARENT / GUARDIAN NAME (IF CLIENT IS UNDER 18) GUARDIAN SIGNATURE DATE

PROVIDER — SYDNIE JONES, LICENSED COSMETOLOGIST & ESTHETICIAN DATE