



HAIR PATIENT INFORMATION

Instructions: Complete this form and bring to your consultation. A copy will be kept on file at the salon. Please assist us in answering the following questions to help us become better acquainted with you.

Name:

First MI Last

Address:

City State Zip

Phone:

Home Work Cel

E-mail:

Gender:

Female Male

Date of Birth:

Martial Status:

Occupation:

Permanent Resident of Florida? Yes No (If no, please list 2nd address/phone)

Address:

City State Zip

Phone:

Home Work Cel





HAIR QUESTIONS

(Please Fill in Gaps, Circle Options When Given a Choice)

(To Check box: Double click on box and select "Checked")

Name:

Date:

Who can we thank for this referral?

CC What is the main reason for your consultation today?

1. Are you pregnant? YES NO

2. Are you currently, or have you been, on medication relating to cancer, heart, fertility, thyroid or any major non-psychiatric drug?
 YES NO

If **YES**, then you run the risk of having hair that will not straighten completely.

If you choose to take that risk, you will be charged for the appointment, even if your hair does not go straight.

3. Has any of the hair on your hair been previously straightened?
 YES NO

If **YES**, was the straightening performed with Thio-based or hydroxide-based chemicals?

4. Has any of the hair on your head been colored? YES NO

If **YES**, how long ago?

And, with what?





If there are highlights, what type of lightening product was used (bleach, peroxide, etc.)?

NOTE: If you have bleach or highlights using over 20VOL, I will not straighten your hair unless you are willing to risk having unevenly straight, semi-smooth hair.

5. Has any of the hair on your head been permed? YES NO
If **YES**, how long ago?

6. How often do you wash your hair, on average?

6. Do you have sensitivities to any chemicals? YES NO

If **YES**, to which ones?

7. What products do you use on your hair (shampooing and styling products)?

8. Do you feel that you shed a normal amount of hair each day? YES NO





10. Are there any medical reasons why you are not able to sit for extended periods of time?

YES NO

If **YES**, you need to postpone your appointment until those issues are resolved.

11. Do you wear clips, rubber bands, headbands or any other hair accessory on a regular basis?

YES NO

If **YES**, which ones?

12. What condition do you feel your hair is in?

13. What are you expecting the condition of your hair to be after it is chemically treat it?

14. Are you prepared to keep your hair away from moisture for 72 hours after your appointment when doing a keratin treatment?

YES NO

If **NO**, you need to wait until you are able to do so.

15. Do you have a flat iron with temperature control? YES NO





16. Are you prepared to spend the time necessary for me to complete the entire process? YES NO

If **NO**, then you need to wait until you are ready to do so.

17. Are there any other factors I need to know about that might affect the ability for your hair service? YES NO

If **YES**, contact me prior to the appointment.

18. In the past, has your hair been resistant to chemical services? YES NO

If **YES**, when and what chemical service?

19. How did you hear about this service?

20. Do you regularly use thermal tools on your hair? YES NO

21. Do you have hard water or well water? YES NO





Hair loss/thinning concern:

Hobbies/Leisure activities:

Swimming

Sun exposure

Do you feel spiritually connected (ie. religion, meditation, etc.) Y N

Environmental exposures: Secondhand Smoke Pesticides Seasonal Allergies

Mercury Amalgam dental fillings: Y N If yes, how many: _____

Artificial joints/implants Y N

Toxic metal exposure at work/home: Y N If yes, how many: _____

Do odors bother you? Y N

Travel outside the u.s.? Y N Which countries? _____

Please list any other medical conditions you have been diagnosed as having (ie. heart attack, cholesterol, hypertension, stroke, diabetes, osteoporosis, allergies, depression, multiple sclerosis, lupus, glaucoma, arthritis, irritable bowels, reflux disease, aids, hepatitis, back/neck pain / disc disease, Candida/yeast, food allergies, fibromyalgia, chronic fatigue, other)





Allergies/intolerancias (Drugs, gluten, látex, chamomile ,nuts ,plants,etc)

Medications:

Vitamins/Herbals/OTC Meds (including aspirin)





REVIEW OF SYMPTOMS CHECKLIST

(Please check off all symptoms you have, even if they are not your "major" problem. Subtle symptoms across many organ systems can often combine to form a pattern that identifies a cause of your major symptoms)

(To Check box: Double click on box and select "Checked")

General

- Brain fog
- Cold hands/feet
- Cold intolerance
- Convulsions
- Dizziness
- Drowsiness
- Fainting spells
- Fatigue
- Fever
- Food allergy
- Frequent infections
- Hallucinations
- Heat intolerance
- Memory loss
- Sweating, excessive
- Swollen glands
- Trouble falling asleep
- 3 am - 4 am awakening
- Excessive sleep
- H/o metal toxicity
- H/o auto accident

Skin

- Acne
- Athlete's foot
- Blush easily
- Brittle nails
- Bruise easily
- Corns/calluses
- Excessive hair growth
- Fluid retention
- Hair loss/thinning
- Hives
- Ingrown nails
- Jaundice/yellow skin
- Nail fungus
- Numbness/tingling

Nutrition/Metabolism

- Craving bread
- Craving ice
- Craving sugar
- Excessive eating
- Excessive thirst
- H/o Phen/Fen use
- Hypoglycemia
- Ideal body weight _____
- Loss of appetite
- Short stature
- Slow metabolism
- Weight gain, unwanted
- Weight loss, unwanted

Head and neck

- Allergies
- Bad breath
- Cold sores
- Cough
- Cough, bloody
- Cough, productive
- Dry eyes
- Dyslexia
- Excessive ear wax
- Fever blisters
- Freq sinus infections
- Gums bleed
- Headache
- Hiccups
- Mouth breathing
- Neck mass
- Nosebleeds
- Poor night vision
- Ringing in ears
- Slurred speech
- Sneeze frequently
- Snoring

Chest, heart and lungs

- Breast lump
- Chest pain
- Heart murmur
- Low blood pressure
- Lymph node swelling
- Palpitations
- Rapid heart beat
- Short of breath
- Short of breath when sleeping
- Wheezing

Digestive

- Blood in stools
- Change in bowel habits
- Constipation
- Difficulty in swallowing
- Fecal incontinence
- Flatulence, gas pain
- Heartburn
- Nausea
- Nausea with vomiting

Abdomen/Pelvis

- Abdomen / pelvis
- Abdominal pain
- Bedwetting
- Blood in urine
- Flank pain recurrent
- Hemorrhoids
- Kidney stones
- Painful urination
- Penile discharge
- Post-void dribbling
- Testicular pain
- Urinary frequency
- Urinate at night?
- Urine incontinence





- | | | |
|---|--|---|
| <input type="checkbox"/> Pale skin | <input type="checkbox"/> Throat pain | <input type="checkbox"/> Urine retention |
| <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Trouble smelling things | <input type="checkbox"/> Urine stream slowed? |
| <input type="checkbox"/> Rash | <input type="checkbox"/> Vision loss of | |
| <input type="checkbox"/> Skin itchy, dry | <input type="checkbox"/> Voice, hoarse | |
| <input type="checkbox"/> Thickening of skin | <input type="checkbox"/> Voice, loss of | |
| <input type="checkbox"/> Warts | <input type="checkbox"/> Head lice | |

Name: _____ DOB: _____ Date: _____

Review of symptoms (continued):

Muscles and bones

- Calf cramps
- Carpal tunnel
- Difficulty walking
- Gout
- Hand cramps
- Lack of coordination
- Loss of height
- Muscle spasms
- Muscle stiffness
- Poor posture

Abnormal examinations

- Abnormal ana
- Abnormal biopsy
- Abnormal cholesterol
- Abnormal clotting
- Abnormal chest x-ray
- Abnormal ekg
- Abnormal glucose test
- Abnormal liver test
- Abnormal mammogram
- Abnormal pap smear
- Abnormal tb test
- Abnormal psa
- Abnormal thermogram
- Abnormal thyroid scan
- Abnormal thyroid u/s

Other

- Troublesome old injury?
- Food allergy
- H/o mva
- Any other allergies?





PACTH TEST

pag1

Safety hazards with permanent and semi permanent hair dyes

Permanent hair dyes are more sensitizing compared to other types of hair dye.

The chemicals can induce a form of dermatitis (a contact dermatitis) in people with sensitive skin. Sensitization to a hair dye does not often occur, but it can and does happen. In most cases the reaction to the dye is one of itching and some skin redness, but nothing more. In more severe cases the hair dye may triggers scaly skin and pain.

The distribution of the affected skin can vary and the affected area does not have to match the exact area to which the dye was applied. In more severe cases there can be swelling around the eyes and scaly skin on the ears, face and neck beyond the actual skin exposed to the hair dye. Sensitization to hair dye may gradually develop with repeated exposure.

Coal tar hair dye ingredients are known to cause allergic reactions in some people, FDA's Lambert says. Synthetic organic chemicals, including hair dyes and other color additives, were originally manufactured from coal tar, but today manufacturers primarily use materials derived from petroleum. The use of the term "coal tar" continues because historically that language has been incorporated into the law and regulations.

The law does not require that coal tar hair dyes be approved by FDA, as is required for other uses of color additives. In addition, the law does not allow FDA to take action against coal tar hair dyes that are shown to be harmful, if the product is labeled with the prescribed caution statement indicating that the product may cause irritation in certain individuals, that a patch test for skin sensitivity should be done, and that the product must not be used for dyeing the eyelashes or eyebrows. The patch test involves putting a dab of hair dye behind the ear or inside the elbow, leaving it there for two days, and looking for itching, burning, redness, or other reactions





Other things to consider

pag 2

- Approx. one in four people allergic to PPD are also allergic to ingredients found in semi-permanent dyes, azo dyes, these can also be found in pen inks and may be used to colour foods and pharmaceuticals. Always follow the pack instructions for a patch/skin test before using any form of hair dye.
- While PPD dyes are rare in **clothing**, other dyes that may react like PPD (cross-react) may be present. As a result, some PPD-sensitive patients cannot wear dark clothing; especially clothing made of synthetic fibers like polyester or nylon.
- About 25% of PPD sensitive people are also allergic its chemical relatives like procaine and benzocaine, found in certain local anesthetics and haemorrhoid creams, sulfa drugs and para-aminobenzoic acid (PABA) – found in sunscreens

If you are sensitive or allergic to any products our suggestion is to do a "patch" test first with any new products that come into contact with your skin

- I will chose to have a patch test before my service _____

Date _____

- I will not chose to have a pact test before my service and I know the risk that involves to decide
Not to perform the patch test _____

Date _____

Pact test result after _____ hours positive _____

Negative _____

Notes:





Release Form

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

I have read and understood the "straight talk" portion of this web site prior to signing this document.

I will follow all procedures to ensure my results are optimum.

By signing this agreement, I acknowledge that I am aware that the results will vary from person to person and I cannot find IBANA VILLASENOS DBA HAIR HOLISTIC, legally or financially responsible for the pre-chemical condition of my hair, which will have an effect on my resulting hair service.

I will call with any concerns within the first week of my service and IBANA VILLASENOS, DBA HAIR HOLISTIC will be responsible for resolving hair services issues promptly, free of charge and with full awareness of my hair's chemical boundaries. Meaning (color bleeding, stains, uneven color due to previously done by someone else chemical process).

Signature of customer _____

Printed name of customer _____ Date _____

STYLIST AGREEMENT WITH CLIENT

I, (stylist), agree to give (client) my most focused and undivided attention for the duration of the chemical service, as well as maintain open communication afterwards to ensure my client's hair is an good standards after a chemical service as it can possible be.

I promise to address and resolve all issues as soon as humanly possible.

Unintentionally under processed sections of hair, reported to me within one week of the hair service will be redone free of charge as soon as possible, unless other agreements have been made in writing.

Signature of stylist _____

Printed name of stylist _____ Date _____

