

Name:

Prescription:

CONSULTATION CARD



To help us give you everything you need at your visit, please answer the following questions:

Tick the 3 things most important to you about your hair:

- | | | | | | |
|--------------|--------------------------|--------------|--------------------------|-------------------------|--------------------------|
| Volume | <input type="checkbox"/> | Shine | <input type="checkbox"/> | Condition | <input type="checkbox"/> |
| Smooth | <input type="checkbox"/> | Moisture | <input type="checkbox"/> | Always looking its best | <input type="checkbox"/> |
| Clean Blonde | <input type="checkbox"/> | Fresh Colour | <input type="checkbox"/> | On Trend | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | | | |

What are the 3 most important things you would like to receive from your stylist today, alongside a great service?

- | | | | |
|----------------------------|--------------------------|---------------------------------------|--------------------------|
| Getting home care advice | <input type="checkbox"/> | Getting advice on improving condition | <input type="checkbox"/> |
| Receiving value for money | <input type="checkbox"/> | Advice on salon savings | <input type="checkbox"/> |
| Relaxing back wash service | <input type="checkbox"/> | No advice | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

At future visits, which is the most important to you?

- | | | | |
|--|--------------------------|------------------------------|--------------------------|
| Having the best, most experienced stylists | <input type="checkbox"/> | Having the cheapest stylists | <input type="checkbox"/> |
|--|--------------------------|------------------------------|--------------------------|

Please tick here if you would **NOT** like to receive any advice or offers from your stylist today