

PICTURE PERFECT HAIR (PPH) BY MAIYSHA CONSULTATION FORM

"Making you look good makes me feel good"

Print and fill out the form below. Please print legibly. Bring the completed form with you during your initial consultation or, scan and email to: maiysa@pph-mj.com prior to consultation.

Privacy Notice: *All information contained in this form is kept confidential, and will only be used by Picture Perfect Hair by Maiysa Johnson solely for the purpose of determining hair care needs, suggested remedies and desired styling. Please bring form to consultation or email to maiysa@pph-mj.com*

Name: _____ **Age:** _____

Contact Phone: _____

Email: _____

How often do you shampoo your hair? _____

What type of shampoo do you use? _____

What kind of conditioner do you use? _____

Is your hair thinning or breaking? _____

List areas of hair loss or breakage. _____

Any family history of thinning or balding? _____

What actions have you taken to prevent or correct hair loss or damaged hair?

What chemicals are you currently applying to your hair? _____

How long is your hair? _____

How would you describe the density of your hair: fine, normal, or thick?

Check off all that apply:

Dieting _____ Allergies _____ Medications _____ Smoker _____

Vitamins/Supplements _____ Under Stress _____

Hair Condition: (circle one)

	Straight	Wavy	Curly	Excessively Curly
Oily	os	ow	oc	ec
Normal	ns	nw	nc	oec
Dry	ds	dw	dc	dec

How would you describe the condition of your scalp? (Check one)

oily___ dry___ Itchy___ flaky___

Do you or have you worn: braids, ponytails or cornrows?

How would you describe the condition of your hair? (Check one)

healthy _____ moderately healthy _____ fair _____

poor _____ seriously needs professional help _____