MESH + MESHLESS INTEGRATION

Client Intake Form

Please complete this form before your consultation. You can type into it, save it, and email it to styleforlove.co@gmail.com, or apply online at styleforlove.co/consult.html. Everything you share is kept private.

Your information

Name

Phone

Email

Instagram @

Facebook

Best days and times

Choose your service

☐ Mesh Integration ☐ Meshless ☐ Not sure yet, I would like a recommendation

Your hair today

How long is your hair now?

How long do you want your hair?

Have you ever had extensions?

☐ Yes ☐ No

If yes, when and what type?

During any of these services, did you experience excess hair loss or damage to your natural hair? If yes, please explain.

Do you get any of these services? (note how often below)

☐ Color ☐ Highlights ☐ Keratin / smoothing

☐ Perms or relaxers ☐ Toppers or wigs ☐ Other

How often?

What products do you use at home, and how often?

How often do you like to change your style or hair color?

What is your long-term goal for your hair?

Health + hair loss

Are you presently experiencing an unusual amount of hair loss?

☐ Yes ☐ No

Have you been ill, had surgery or taken any medication in the past 6 months to a year?

Do you have any allergies?

Do you have any medical conditions that may interfere with this service?

Do you have a medical diagnosis for your hair loss from a medical provider?

☐ Yes ☐ No

Do you have medical insurance, and would you like to see if you qualify for coverage?

☐ Yes ☐ No

Photos

Please send or upload photos of: your current hair, your current hair loss areas, and your dream hair. The easiest way is the photo upload on styleforlove.co/consult.html.

Investment + questions

Are you aware of the financial investment of a Mesh Integration or Meshless system?

☐ Yes ☐ I would like to talk about it

Any questions or concerns about the service?

Photo + video permission

By booking this consultation, I agree that Style for Love may feature photos and video of my hair in social media, marketing and education content.

Client signature (type full name)

Date