SANI'ANGEL SALON

CHEMICAL SERVICE CONSULTATION
& CLIENT CONSENT FORM

Healthy Hair Is The Foundation Of True Beauty.

Please complete this form honestly and thoroughly before receiving any chemical service. The information helps your stylist evaluate your hair, identify potential concerns, and determine whether your requested service is appropriate.

SECTION 1: CLIENT INFORMATION

Full Name: _____

Phone Number: _____

Email Address: _____

Date of Consultation: Date of Appointment:

_____

Stylist: _____

■ New Client
■ Returning Client
■ Under 18 years of age: Yes
■ Under 18 years of age: No

If under 18, parent/legal guardian name: _____

SECTION 2: REQUESTED CHEMICAL SERVICE

■ Relaxer
■ Relaxer Retouch
■ Permanent Hair Color
■ Semi-Permanent Hair Color
■ Hair Lightening / Bleach
■ Highlights / Balayage
■ Smoothing Treatment
■ Keratin Treatment
■ Color Correction
■ Other: _____

What result are you hoping to achieve: _____

_____

■ Have received this service before: Yes
■ Have received this service before: No

If yes, when was your last service: _____

SECTION 3: CHEMICAL & HAIR HISTORY

Have you previously received any of the following services?

■ Relaxer
■ Texturizer
■ Permanent Hair Color
■ Semi-Permanent Hair Color
■ Bleach / Lightener
■ Highlights
■ Keratin Treatment
■ Smoothing Treatment
■ Perm / Permanent Wave
■ Henna or Metallic Dye
■ Box Dye / At-Home Color
■ None of the Above

When was your last chemical service: _____

Have you experienced any of the following?

■ Hair breakage
■ Excessive shedding
■ Thinning
■ Dry or brittle hair
■ Scalp irritation
■ Previous chemical damage
■ No known concerns

■ Previous adverse reaction to a chemical service: Yes ■ Previous adverse reaction to a chemical service: No

If yes, please explain: _____

_____

SECTION 4: SCALP & ALLERGY INFORMATION

Do you currently have any of the following?

■ Sensitive scalp ■ Scalp irritation

■ Open sores or cuts ■ Excessive itching

■ Flaking or inflammation ■ Recent scalp injury

■ None of the Above

■ Known allergies/sensitivities to hair products: Yes ■ Known allergies/sensitivities to hair products: No

If yes, list them: _____

_____

■ Prior burning, swelling, redness, or allergic reaction: Yes ■ Prior burning, swelling, redness, or allergic reaction: No

If yes, please explain: _____

_____

■ Currently using prescription or OTC scalp/hair treatments: Yes ■ Currently using prescription or OTC scalp/hair treatments: No

If yes, provide details: _____

_____

SECTION 5: HAIR MAINTENANCE & AT-HOME CARE

How often do you wash your hair?

■ Daily ■ 1–2 times per week

■ Every 2–3 weeks ■ Once a month

■ Other: _____

What products do you currently use: _____

_____

■ Regularly use heat styling tools: Yes ■ Regularly use heat styling tools: No

How often do you use heat?

■ Daily ■ Weekly

■ Occasionally ■ Rarely

■ Used at-home chemical treatments within past 12 months: Yes ■ Used at-home chemical treatments within past 12 months: No

If yes, explain: _____

_____

SECTION 6: STYLIST ASSESSMENT

To be completed by the licensed beauty professional.

Hair Texture: Hair Density: _____

Hair Porosity (if assessed): Hair Elasticity: _____

Hair Condition: Scalp Condition: _____

■ Previous Chemical History Reviewed: Yes ■ Previous Chemical History Reviewed: No

Is the requested service appropriate based on the consultation?

■ Yes ■ Yes, with modifications

■ No, service not recommended

Is additional testing required?

■ Strand Test ■ Patch / Allergy Alert Test, when applicable

■ Additional Consultation ■ No additional testing indicated

Stylist Recommendations & Notes: _____

_____

_____

Service Approval:

■ Approved ■ Deferred

■ Declined

SECTION 7: CHEMICAL SERVICE RISK ACKNOWLEDGMENT

Please read each statement carefully. Check each box to acknowledge:

■ I have provided accurate and complete information regarding my hair history, previous chemical services, scalp condition, and known allergies.

■ I understand that chemical services may involve risks, including dryness, breakage, scalp irritation, allergic reactions, color variation, and unexpected results.

■ I understand that previous chemical treatments and at-home products may affect the outcome of my requested service.

■ I understand that my stylist may recommend additional treatments, modifications, or a different service based on my hair's condition.

■ I understand that a strand test or appropriate allergy test does not guarantee that an adverse reaction will not occur.

■ I agree to communicate any burning, discomfort, itching, or unusual reaction to my stylist immediately.

■ I understand that my stylist may stop or decline the service if continuing could compromise my health, safety, or hair condition.

■ I have had the opportunity to ask questions and discuss my service expectations with my stylist.

SECTION 8: CLIENT CONSENT & AUTHORIZATION

I confirm that the information provided in this form is accurate and complete to the best of my knowledge. I understand the nature of the chemical service requested, the potential risks involved, and the importance of following my stylist's professional recommendations and aftercare instructions. I voluntarily authorize the stylist identified on this form to perform the agreed-upon service after the consultation and any required testing have been completed. I understand that this acknowledgment does not waive any rights or legal protections that cannot be waived under applicable law.

Client Printed Name: _____

Client Signature: Date: _____

Parent / Legal Guardian Signature (if applicable): _____

_____

Date: _____

Stylist Printed Name: _____

Stylist Signature: Date: _____

FOR SALON USE ONLY

Service Performed: _____

Products / Chemical Brand Used: _____

Product / Formula Details: _____

Strand Test Results (if applicable): _____

Patch Test Results (if applicable): _____

Service Start Time: Service Completion Time:

_____

Additional Notes: _____

_____

_____

SANI’ANGEL SALON | RICHMOND, VIRGINIA

Healthy Hair. Beautiful Experiences. Exceptional Service.

This form is a consultation and documentation tool, not a substitute for product-specific instructions, required testing, professional judgment, or legal advice. Have the final form reviewed for compliance with applicable Virginia law before use.