

Consultation sheet

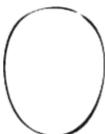
iHB2C9 – VTCT (ITEC) Level 2 Certificate in Consultation, Shampooing and Conditioning for Hair Services

Portfolio reference:

Learner name:			
Learner number:			
Client name:		New client <input type="checkbox"/>	Regular client <input type="checkbox"/>
Date:			
	Advise and consult with clients for hair services <input type="checkbox"/>	Shampoo, condition and treat the hair and scalp <input type="checkbox"/>	
Service overview/ service timings:	Client wishes/occasion:		

Hair classifications	Texture		
	Type 1 – Straight hair	1a Fine Straight <input type="checkbox"/>	1b Medium Straight with volume <input type="checkbox"/>
Type 2 – Wavy hair	2a Fine 'S' pattern <input type="checkbox"/>	2b Medium Frizzy 'S' pattern <input type="checkbox"/>	2c Coarse Very frizzy 'S' pattern <input type="checkbox"/>
Type 3 – Curly hair	3a Fine Soft curl <input type="checkbox"/>	3b Medium Loose curl <input type="checkbox"/>	3c Coarse Tight curl <input type="checkbox"/>
Type 4 – Very curly hair	4a Fine Tightly coiled curl pattern <input type="checkbox"/>	4b Medium Z pattern & spring curl <input type="checkbox"/>	4c Coarse Tight Z pattern <input type="checkbox"/>

Influencing factors:					
Density (amount of hair)	Thick <input type="checkbox"/>	Medium <input type="checkbox"/>	Thin <input type="checkbox"/>		
Hair length	Above shoulder <input type="checkbox"/>	Below shoulder <input type="checkbox"/>	One length <input type="checkbox"/>	Layered <input type="checkbox"/>	Fringe <input type="checkbox"/>
% of white hair	None <input type="checkbox"/>	10% <input type="checkbox"/>	25% <input type="checkbox"/>	50% <input type="checkbox"/>	75% <input type="checkbox"/>
Skin tone	Warm <input type="checkbox"/>	Neutral <input type="checkbox"/>	Cool <input type="checkbox"/>	Ash <input type="checkbox"/>	
Hair condition	Balanced/ Normal <input type="checkbox"/>	Heat damaged <input type="checkbox"/>	Chemically damaged <input type="checkbox"/>	Product build-up <input type="checkbox"/>	Environmentally damaged <input type="checkbox"/>
Scalp condition	Balanced/ Normal <input type="checkbox"/>	Oily <input type="checkbox"/>	Dandruff <input type="checkbox"/>	Dry <input type="checkbox"/>	Product build-up <input type="checkbox"/>
Chemically treated	Non-chemically treated <input type="checkbox"/>	Previously permed <input type="checkbox"/>	Previously coloured <input type="checkbox"/>	Previously highlighted <input type="checkbox"/>	Previously relaxed <input type="checkbox"/>
Growth patterns	Cowlick <input type="checkbox"/>	Widow's peak <input type="checkbox"/>	Nape whorl <input type="checkbox"/>	Double crown <input type="checkbox"/>	Male pattern baldness <input type="checkbox"/>

Face shapes:					
					
Oval	Square	Round	Heart	Oblong	Diamond

Will the contra-indications affect the service:			Advice given/actions taken
History of allergic reaction colour	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other known allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Skin disorders and diseases	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Incompatibility of products on hair	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medical history	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medical advice or instructions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Evident hair damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cuts and abrasions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Recent injuries/scar tissue	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Removal of extensions/plaits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Lifestyle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Piercings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Personal protective equipment:					
PPE	Gown <input type="checkbox"/>	Cutting collar <input type="checkbox"/>	Towel(s) <input type="checkbox"/>	Cotton wool <input type="checkbox"/>	Cape <input type="checkbox"/>
	Neck protection <input type="checkbox"/>	Cap <input type="checkbox"/>	Gloves <input type="checkbox"/>	Apron <input type="checkbox"/>	Chemical-proof gown <input type="checkbox"/>

Testing hair results:					
Porosity test	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>		
Elasticity test	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>		

Tools/Equipment:					
Tools/Equipment used	Multi-purpose/wide tooth comb <input type="checkbox"/>	Heat accelerator <input type="checkbox"/>	Steamer <input type="checkbox"/>	Heated damp towels <input type="checkbox"/>	Bowl and brush <input type="checkbox"/>
	Other:				

Service information/techniques used:					
Shampoo/condition/treatment	Effleurage <input type="checkbox"/>	Petrissage <input type="checkbox"/>	Rotary <input type="checkbox"/>	Tapotement <input type="checkbox"/>	Friction <input type="checkbox"/>

Products use:					
Shampooing	Balanced/normal <input type="checkbox"/>	Oily <input type="checkbox"/>	Product build-up <input type="checkbox"/>	Dry <input type="checkbox"/>	Heat damaged <input type="checkbox"/>
	Environmentally damaged <input type="checkbox"/>	Fine/limp <input type="checkbox"/>	Pre-perming/chemical process <input type="checkbox"/>		
Conditioning/treatments	Surface <input type="checkbox"/>	Penetrating <input type="checkbox"/>	Scalp treatment <input type="checkbox"/>	Dandruff affected <input type="checkbox"/>	Dry scalp <input type="checkbox"/>
	Pre-perming/chemical process <input type="checkbox"/>	Post-perming/chemical process <input type="checkbox"/>	Treatment: (state) <input type="checkbox"/>		

Advice and recommendations:			Advice given	
How to maintain style/service	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Additional services	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Additional products	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Time interval between services	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
How lifestyle can be affected	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Areas for future development:		
Service		
Techniques		
Timing		
Communication		
Client care		
Other		

Assessor/lecturer signature:	Date:
Learner signature:	Date:

Additional information (If required):