

Consultation sheet

iHB3D14 – VTCT (ITEC) Level 3 Diploma in Advanced and Corrective Hair Colouring Services

Portfolio reference:

Learner name:			
Learner number:			
Client name:		New client <input type="checkbox"/>	Regular client <input type="checkbox"/>
Date:			
	Client consultation for hair services <input type="checkbox"/>	Style and finish hair using a variety of techniques <input type="checkbox"/>	
	Colour and lighten hair using creative techniques <input type="checkbox"/>	Hair colour correction services <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"/>

Will the contra-indications affect the service:			Advice given/actions taken
History of allergic reaction colour	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Scalp sensitivity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other known allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Skin disorders/diseases/infestations	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"/>	
Traction alopecia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Incompatibility of products	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medical history	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Amount of regrowth (relaxing)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medical advice	Yes <input type="checkbox"/>	No <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"/>		
Incompatibility test	Negative reaction <input type="checkbox"/>		Positive reaction <input type="checkbox"/>		
Skin test	Negative reaction <input type="checkbox"/>		Positive reaction <input type="checkbox"/>		
Colour test	Achieved target result <input type="checkbox"/>				
Development test	Achieved target result <input type="checkbox"/>				
Pull test	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>		

Tools/Equipment:					
Creatively style and dress hair	Heated rollers <input type="checkbox"/>	Rollers with pins <input type="checkbox"/>	Pin-curl <input type="checkbox"/>	Velcro/Bendy rollers <input type="checkbox"/>	Straightening <input type="checkbox"/>
	Volume <input type="checkbox"/>	Movement <input type="checkbox"/>	Curls <input type="checkbox"/>	Styling products <input type="checkbox"/>	Finishing products <input type="checkbox"/>
Colour and lightening or Colour correction services	Semi-permanent <input type="checkbox"/>	Quasi <input type="checkbox"/>	Permanent <input type="checkbox"/>	Lightener <input type="checkbox"/>	Colour remover <input type="checkbox"/>
	Remove banding <input type="checkbox"/>	Re-colour hair using pre-pigmentation <input type="checkbox"/>		Re-colour artificially removed colour <input type="checkbox"/>	
	Correct high/low lights <input type="checkbox"/>	Remove artificial colour <input type="checkbox"/>	Full head <input type="checkbox"/>	Re-growth <input type="checkbox"/>	Non-chemically treated hair application <input type="checkbox"/>
	Slicing <input type="checkbox"/>	Block colour <input type="checkbox"/>	Weaving <input type="checkbox"/>	Colour/lightening placement <input type="checkbox"/>	
	Graduation colour <input type="checkbox"/>	Balayage <input type="checkbox"/>	Ombre <input type="checkbox"/>	Root dragging <input type="checkbox"/>	Restore depth and tone <input type="checkbox"/>
	Neutralise <input type="checkbox"/>	Colour <input type="checkbox"/>	Lightening <input type="checkbox"/>	Lightening <input type="checkbox"/>	Lightening <input type="checkbox"/>

	colour tone	resistant hair	full head	re-growth	block colour
	Lightening partial head <input type="checkbox"/>				

Starting base shade:

Starting tone present:

Tools and equipment used:

Products used:

Advice and recommendations:

Advice given

Use of tools or equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use of products at home	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Time interval between services	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Promote additional products or services:

Advice given

Products	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Assessor/Lecturer signature:

Date:

Learner signature:

Date:

Additional information (If required):