

# Sisterlocks®

## Client Information Card

(Please Turn Page Over)

Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

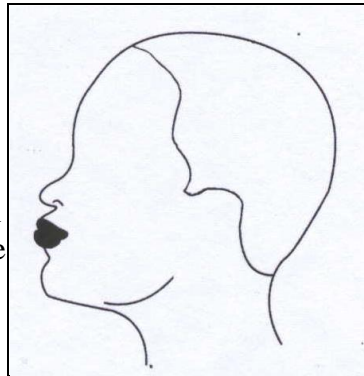
Phone #: (h) \_\_\_\_\_ (w) \_\_\_\_\_

**CONSULTATION DATE:** \_\_\_\_\_

**Natural Hair Type:** (Curl Pattern):

Short     Medium     Long  
 Shallow     Average     Deep

**Cuticle:**  Smooth     Med     Rough  
**Pliability:**  Stiff     Avg.     Pliable



**LOCKING SESSION:**

Date: \_\_\_\_\_ Duration: \_\_\_\_\_

**Locking Pattern(s) Description:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOLLOW-UP:** Date / Duration: \_\_\_\_\_

Condition: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_ Zip: \_\_\_\_\_

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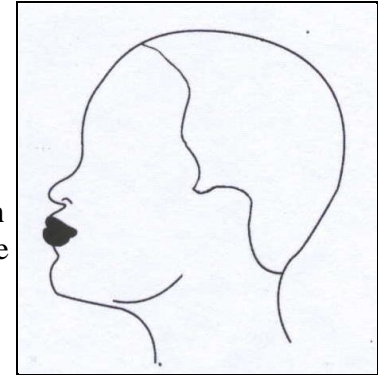
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Condition: \_\_\_\_\_

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