

**TRAINEE QUESTIONNAIRE FOR *FIRST QUALIFYING CLIENT***  
**For Consultant Trainees Only - Please Submit Photos With This Form**

Trainee Name : \_\_\_\_\_ Date: \_\_\_\_\_

CLIENT INFORMATION:

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

HAIR CHARACTERISTICS Refer to Lesson 1

Curl Pattern Length : \_\_\_ Long \_\_\_ Medium \_\_\_ Short

Curl Pattern Depth: \_\_\_ Deep \_\_\_ Average \_\_\_ Shallow

Cuticle: \_\_\_ Rough \_\_\_ Average \_\_\_ Smooth

Density: \_\_\_ High \_\_\_ Average \_\_\_ Low

Stiffness / Pliability Factor: 10 9 8 7 6 5 4 3 2 1

Sample Locks  
 Show how many/ where placed  
 Refer To Lesson 9



LOCKING PATTERNS CHOSEN/ REASONS? Refer to Lesson 2

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

SECTIONING METHOD CHOSEN/ REASONS? Refer To Lesson 3

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

PART SIZES CHOSEN / PLACEMENT / REASONS? Refer To Lesson 3

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

\_\_\_\_\_  
 CONSULTATION DATE

\_\_\_\_\_  
 LOCKING SESSION DATE

\_\_\_\_\_  
 FOLLOW-UP VISIT (1st Re-tightening)

CONDITION OF LOCKS AT FOLLOW-UP VISIT Refer To Lesson 7 (Use back for additional comments)

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

RECOMMENDATIONS GIVEN TO CLIENT (GIVEN REASONS) Refer To Lessons 5 & 6 (Use back for additional comments)

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

SISTERLOCKS® MATERIALS USED AT CONSULTATION:

\_\_\_\_\_



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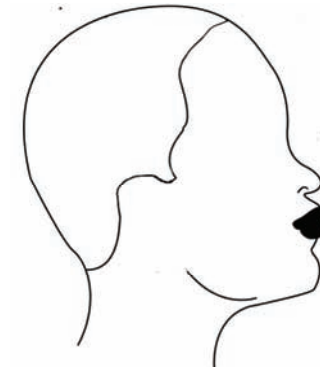
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SECTIONING METHOD CHOSEN/ REASONS? Refer To Lesson 3

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PART SIZES CHOSEN / PLACEMENT / REASONS? Refer To Lesson 3

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CONSULTATION DATE

LOCKING SESSION DATE

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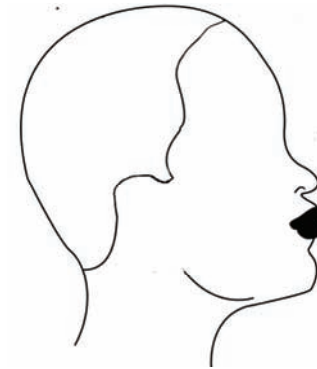
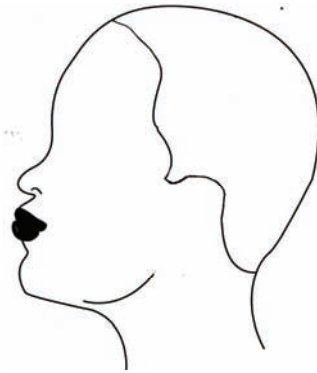
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SECTIONING METHOD CHOSEN/ REASONS? Refer To Lesson 3

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PART SIZES CHOSEN / PLACEMENT / REASONS? Refer To Lesson 3

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