

# PERSONAL STYLE PROFILE

CLIENT \_\_\_\_\_ STYLIST \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

**I would describe my hair as:**

**Texture:**

- |                                   |                                 |                                      |
|-----------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> straight | <input type="checkbox"/> fine   | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> wavy     | <input type="checkbox"/> medium |                                      |
| <input type="checkbox"/> curly    | <input type="checkbox"/> coarse |                                      |

**Condition:**

- |  |                                      |                                  |
|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> normal        | <input type="checkbox"/> dry/brittle | <input type="checkbox"/> oily    |
| <input type="checkbox"/> color-treated | <input type="checkbox"/> permed      | <input type="checkbox"/> relaxed |
| <input type="checkbox"/> damaged       | <input type="checkbox"/> other _____ |                                  |

**Everyday I do the following to my hair:**

- |   |  |
|---|--|
| <input type="checkbox"/> wash             | <input type="checkbox"/> use flat iron   |
| <input type="checkbox"/> blow-dry         | <input type="checkbox"/> use hot-rollers |
| <input type="checkbox"/> use curling iron | <input type="checkbox"/> other _____     |

**I'm having a bad hair day when my hair gets:**

- |                                 |                                     |                                       |
|---------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> frizzy | <input type="checkbox"/> faded      | <input type="checkbox"/> unmanageable |
| <input type="checkbox"/> flat   | <input type="checkbox"/> split ends | <input type="checkbox"/> too full     |
| <input type="checkbox"/> dull   | <input type="checkbox"/> fly-aways  | <input type="checkbox"/> other _____  |

**I want my hair to be:**

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> full                   | <input type="checkbox"/> curly                       | <input type="checkbox"/> healthy |
| <input type="checkbox"/> shiny                  | <input type="checkbox"/> soft                        | <input type="checkbox"/> smooth  |
| <input type="checkbox"/> straight               | <input type="checkbox"/> dried quickly               | <input type="checkbox"/> strong  |
| <input type="checkbox"/> protected from the sun | <input type="checkbox"/> protected from color fading |                                  |
| <input type="checkbox"/> other _____            |  |                                  |

## PLAN-AT-A-GLANCE

**TREAT | CONDITIONER/TREATMENT**

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**MEMORY | STYLING FOR WET HAIR**

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layer  
 blend

**TOOLS | HEAT APPLIANCES**

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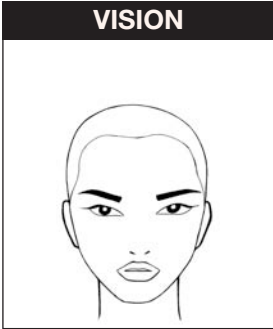
**PREPARE | SHAMPOO**

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**VISION**



**FINISH | STYLING FOR DRY HAIR**

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layer  
 blend

## NEXT APPOINTMENT:

\_\_\_\_\_ at \_\_\_\_\_ with \_\_\_\_\_ for \_\_\_\_\_  
DATE      TIME      STYLIST      SERVICE

Salon Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Share the news of great hair! Refer a friend for a consultation.**

GET INSPIRED. SEE YOUR STYLIST.  
REDKEN.COM

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5 T H A V E N U E N Y C

White - Salon copy    Grey - Client copy

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