

## Allergy Alert Consultation & Colour Record Card

Client:.....

Phone/ Client ID:.....



First Colour Date: .....

Stylist: .....

For use only with Just Hair Insurance policies

Date	Consultation Questions	Brand	Base Shade Level Colour Combination Used	Stylist Signature	Client Signature
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				
	Yes / No				

For use with Just Hair Insurance policies only; Refer Guide 'How to use card'. Keep Cards for 2 years; v.08.15

An Allergy Alert Test must always be done 48 hours **BEFORE** the **FIRST** colour treatment and the results recorded.

**Is the Client:**

Under 16: **STOP**

**Does the Client have:**

Sensitive, itching, damaged scalp or rash on face? **YES/NO**

Any allergies or reaction to a tattoo, henna or black henna tattoo or permanent make-up? **YES/NO**

Any allergic reaction to any skin product or perfume? **YES/NO**

If the answer to any of the above questions in this box is **YES: STOP** and advise that you cannot continue with the colour application. Suggest the client seeks medical advice.

Record GP's consent (If given).

Is the client taking medication for allergies? **YES/NO**

If **YES**, or **FIRST** colour treatment do an Allergy Test.

**Repeat Allergy Alert Test**

Check for any changes **BEFORE EACH** colour appointment by asking:

**Is it :**

More than 6 months since last colour (self or professional) **YES/NO**

More than 12 months since last Allergy Alert Test **YES/NO**

**Has the Client had a :**

Tattoo, henna or black henna tattoo or permanent make-up since last colour? **YES/NO**

Reaction to any hair dye since last professional colour? **YES/NO**

**Is the client :** Taking medication for allergies? **YES/NO**

**Are you :** Changing brand or brand product range **YES/NO**

If the answer to any question above is **YES: CAUTION**

Advise the client that you need to carry out an Allergy Alert Test.

**Allergy Alert Test**

An Allergy Alert Test must be carried out annually following manufacturer's instructions. The test must be repeated if changing brand **OR** brand product range **OR** if **CAUTION** applies.

Date applied: .....

Reaction: Yes/No .....[Date]

Date applied: .....

Reaction: Yes/No .....[Date]

Date applied: .....

Reaction: Yes/No .....[Date]

Date applied: .....

Reaction: Yes/No .....[Date]

Date applied: .....

Reaction: Yes/No .....[Date]

Date applied: .....

Reaction: Yes/No .....[Date]

If **YES: STOP**, do **NOT** apply colour and advise client to seek medical advice.