HAIR RELAXER

The Legal Leads

CONTACT INFORMATION

Client Full Name :

Date Of Birth :

D D M M Y Y Y Y

Gender: ☐ **Male** ☐ **Female**

Address:

Phone:

E-mail:

Best Contact Time:

Emergency Contact Name:

Emergency Contact Phone:

Emergency Contact Relationship:

LEAD INFORMATION

Calling For:

Name of caller (if calling for someone else):

Caller's relationship to injured person:

INTAKE

List of hair straightening product (s) you have used:

Do you know if product contains Formaldehyde or Phthalates chemicals?: ☐ Yes ☒ No

Indicate if product was used in a Salon or at home: ☐ Salon ☐ Home

When 1st exposed:

D M M Y Y Y Y

When last exposed:

D M M Y Y Y Y

How often have you used straightening products within a 12-month period?

Type of Injury:

Age at time of diagnosis:

Date diagnosed:

D M M Y Y Y Y

City Diagnosed:

State Diagnosed:

Where diagnosed name:

Where diagnosed phone:

Where diagnosed address:

Treatment Date:

D M M Y Y Y Y

Name of treatment facility:

Address of treatment facility:

Phone number of treatment facility:

Call recording link:

Notes: