



## WEN HAIRCARE INTAKE FORM

### Instructions:

- (1) Fill out this Intake Form to the best of your ability
- (2) Locate any of the documents listed below
- (3) Email to [info@varnellandwarwick.com](mailto:info@varnellandwarwick.com) or fax to 352-504-3301
- (4) After we receive your Intake Form and documents, we will get contact you after our investigation/review is complete

### GENERAL INFORMATION

1. Client Name:
  
2. Contact Information:
  - a. Telephone (Home, Cell and/or Work):
  - b. Email:
  
3. City, State of Residence:

### QUESTIONNAIRE

4. Type of WEN Product Purchased/Used:

If shampoo/conditioner, what type (sweet almond mint, fig, tea tree, etc.):

5. Date of Purchase:
  
6. How did you purchase the product:
  - (a) WEN Website \_\_\_\_
  - (b) By Telephone (WEN) \_\_\_\_
  - (c) QVC \_\_\_\_
  - (d) Other (Please state) \_\_\_\_\_

7. Did you enroll in any auto-delivery plan or subscription?
8. Do you remember agreeing to binding arbitration?
9. When did you first use the product and when did you stop?
10. How long did you use it?
11. How often did you use it per week?
12. When did you first experience problems with the product?
13. What problems did you experience? (Please describe in detail)

**\* Hair Loss, Hair thinning, burning sensation, etc.**

14. Have you seen a doctor, dermatologist, or hair specialist related to the problems you experienced?

If so, please describe in detail your visit(s):

15. Did you keep records of your medical visits or hair appointments?



**DOCUMENTS NEEDED**

**\*IF YOU HAVE ANY OF THE OF THE FOLLOWING DOCUMENTS, PLEASE PROVIDE**

- (A) Receipts of your WEN purchase
- (B) Pictures of your hair (before and after)
- (C) Records related to medical visits or hair appointments