



CLIENT INTAKE FORM

SALON NAME: _____

CLIENT INFORMATION

Full Name: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Address: _____

Emergency Contact Name: _____ Phone: _____

MEDICAL HISTORY

Known allergies (medications, hair products, chemicals): _____

Skin conditions or sensitivities: _____

Currently pregnant or nursing? Yes No

Taking any medications? (specify): _____

Previous reactions to hair products? Yes No

If yes, please describe: _____

HAIR HISTORY

Current hair concern/goal: _____

Previous chemical treatments (color, perm, relaxer, keratin): _____

Date of last treatment: _____

Products currently using at home: _____

Any scalp conditions? _____

CONSULTATION NOTES

Desired service today: _____

Desired color/style (if applicable): _____

Reference photos attached? Yes No

Timeline expectations: _____



CLIENT INTAKE FORM (continued)

TERMS & CONSENT

- I understand that results may vary based on hair condition and individual factors.
- I have disclosed all relevant medical and hair history to my stylist.
- I agree to the salon's cancellation policy and understand that late cancellations may incur fees.

Client Signature: _____ Date: _____

Stylist Name: _____ Date: _____