



Powered by BookB

# 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: \_\_\_\_\_