

# Client Information

We're so happy to have you. Tell us about yourself so we can serve you better.

## Basic Information

Full Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthday: \_\_\_\_\_

## Health Information

Do you have any allergies? if so, please list.

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Are you taking any medications that affect hair/skin? If so, please list.

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Do you have any skin/scalp sensitivities?

☐ Yes ☐ No

Are you pregnant or nursing?

☐ Yes ☐ No

Are there any other health conditions your stylist should be aware of?

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## Service History & Preferences

What beauty services are you interested in?

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What beauty services have you received in the past six months?

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What did you like about the services or providers?

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What did you not like about the services or providers?

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What products do you use currently?

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What else do we need to know about your beauty history?

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## Hair/Skin/Nail Details

What is your hair type?

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What is your hair texture?

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How would you describe your hair condition?

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## Goals and Style Inspiration

What do you want to achieve during your appointment?

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What beauty inspiration (celeb, friend, or social media images) do you want to share?

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Do you understand that your results may differ from the inspo pics provided?

☐ Yes ☐ No

## Salon Policies

- ☐ I understand the salon's cancellation and no-show policy.
- ☐ I understand that payment is due at the time of service.
- ☐ I understand that results may vary depending on my hair's history and condition.
- ☐ I agree to follow at-home care recommendations for best results.

*I confirm that the information provided is accurate and complete to the best of my knowledge.*

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_