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**SALON CLIENT INTAKE FORM**

Disclaimer: Thank you for your interest in being a client of [SALON'S NAME]. This form is used to collect information about new clients and used for internal purposes only. The information you provide is confidential and will be treated accordingly.

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| **CLIENT INFORMATION** |

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender**: [ ]  Male [ ]  Female [ ]  Other

**Street Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code**: \_\_\_\_\_\_\_\_

**E-Mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like to receive email promotions and updates?** [ ]  Yes [ ]  No

How did you hear about our salon?

|  |  |
| --- | --- |
| [ ]  - Personal referral[ ]  - Facebook/Instagram[ ]  - YouTube[ ]  - Online advertisement | [ ]  - Twitter[ ]  - Yelp[ ]  - Website/online search[ ]  - Newspaper/Magazine |

If you were referred to us, please provide their name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ALLERGIES & REACTIONS** |

**Do you have any known reactions to chemicals or cosmetics?** [ ]  Yes [ ]  No

If yes, please describe the chemical/cosmetic reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you currently take any medications or suffer from allergies that may affect your tolerance for chemical treatments?** [ ]  Yes [ ]  No

If yes, please list any relevant medications and allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **HAIR TYPE & CONDITION** |

**Hair texture:** [ ]  Fine

[ ]  Medium

[ ]  Coarse

**Hair porosity:** [ ]  Normal

[ ]  Porous

[ ]  Extremely porous

**Is your hair naturally curly?** [ ]  Yes [ ]  No

**Hair condition:** [ ]  Healthy

[ ]  Slightly damaged

[ ]  Dry/Damaged

**Scalp condition:** [ ]  Normal

[ ]  Dry

[ ]  Oily

**Last treatment:** [ ]  Bleach

[ ]  Straightening

[ ]  Permanent

[ ]  Demi-Permanent

[ ]  Perm

[ ]  Relaxers

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| **ACKNOWLEDGMENT & RELEASE** |

**By signing this form, the client agrees to the following:**

1. You have provided accurate and current information on this form and answered all medical and health-related questions truthfully and completely. Your signature also certifies that you understand that the salon reserves the right to deny service to any client due to a health condition the client has that may pose a potential risk to practitioners or other clients, including those that pose a risk of potential contamination to service areas.
2. Signing this form verifies that you understand that you are responsible for informing the salon and/or its stylists of any and all changes to your health condition as regards any question on this form or any potential public health risk that may arise from any change in your health condition.
3. You acknowledge and accept that withholding information or providing misinformation may result in contraindications and/or irritation to the hair and scalp from treatments received. The treatments you receive here are voluntary and you release this hair care professional and the salon from liability and assume full responsibility.

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| **CANCELLATION & PAYMENT POLICY** |

Clients are required to provide [#] **hours' notice** to cancel or reschedule an appointment. If the client cancels within this window or misses their appointment, they will be charged [#] **% of the total cost of services** as a cancellation fee that must be paid in full prior to the booking of any future appointments.

Payment is due in full at the end of the service.

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| **CLIENT SIGNATURE** |

Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_