

# SALON CLIENT INTAKE FORM

Disclaimer: Thank you for your interest in being a client of .  
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.

## 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?

- |                                                 |                                                  |
|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> - Personal referral    | <input type="checkbox"/> - Twitter               |
| <input type="checkbox"/> - Facebook/Instagram   | <input type="checkbox"/> - Yelp                  |
| <input type="checkbox"/> - YouTube              | <input type="checkbox"/> - Website/online search |
| <input type="checkbox"/> - Online advertisement | <input type="checkbox"/> - Newspaper/Magazine    |

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

## 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:

### 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

### 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.

**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.

**CLIENT SIGNATURE**

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

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