

Vintage Beauty Salon Client Intake Form

Dearest Client,

We want today's visit to be the most outstanding salon experience you have ever had! To achieve excellent service for you in a personal way, we would like to know about your preferences regarding your hair. Your hair is as important to us as it is to you! Please complete the following questionnaire so we may better serve you. All information will be kept private and will only be used as a reference in order to give you excellent personal service. Thank you for your time.

Were you referred to us by a friend? ___ Who? _____

Age: (under 18) _____

In the past 6 months, have you had any of the following services? Home or Professional Haircut _____

Hair Coloring Service _____

Lightening / bleach _____

Highlights _____

Permanent Wave _____

Texturizing Service _____

Relaxer _____

Straightener _____

What hair service would you like to discuss today? _____

Are you allergic to any salon chemicals? Please list allergies in the space provided and include nail, skin and hair product allergies. _____

For your protection, please list any medication that you are currently taking or have taken for the past year. _____

Do you presently have any hairline breakage, thinning areas, or bald spots? _____

What hair products do you use on a regular basis? _____

What styling tools (blow-dryer, curling iron, etc.) do you use on a regular basis? _____

What best describes your hair challenges? _____

What additional information would like the stylist to know about your hair? _____

DATE: _____ Consulting Stylist _____