

CLIENT PROFILE & HISTORY:

Name: _____ Birthday: Month _____ Day _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ Email: _____

In order to provide you with the best possible services, please complete the following as truthfully as possible.

Check all that apply: Medical/Skin Conditions Diabetes Oral Contraceptives Pregnant/Trying Aspirin
 Other Medication Surgery (6 months) Under Physician/Dermatologist Care Allergies

Please list all medications you are taking as well as allergies: _____

I do the following to my hair: Myself Professionally
 Color Perm Cut Relaxer Condition Bleach Hilite Other

If you do your hair yourself, what products do you use: _____

Affirmation:

I have answered the questions above truthfully and to the best of my ability. I have every confidence that the operators who perform requested services have been fully trained in their areas of proficiency, and will execute all services appropriately, however I also understand that there may be risks involved in any and all salon treatments and give my full consent to have the cosmetician carry out the action I have chosen. I furthermore understand that I may be refused a service at the discretion of the operator, based on their professional experience and expertise.

I have read and understand the above affirmation: Signed: _____ Date: _____

****For Operator Use Only**

Natural Level _____ Tonal Value _____ Percentage of Gray _____ Texture _____

Density _____ Integrity Level _____ Condition _____ Scalp Condition _____ Skin Type _____

Perms: Acid Alkaline Exothermic Extra Body Other

Products Used: _____

Remarks: _____

Relaxers: Super Regular Mild Sodium Hydroxide Ammonium Thioglycolate Other

Products Used: _____

Remarks: _____

Misc Products Used: _____

Remarks: _____

Other Client Services:

Pedicure Manicure Wax Facial Makeup