

Salon Client Intake Form

Personal Information

1. Please list your full name:

Type your answere here

2. Date of Birth:*

3. Most Recent Hair Treatment Received:

Type your answere here

4. Last Treatment Date (approx.)

5. Emergency Contact:*

Type your answere here

6. Emergency Contact Relationship:*

Type your answere here

7. Emergency Contact Phone:*

Type your answere here

8. How did you hear about us?

Type your answere here

Medical Information

9. Are you taking any medications for your hair?*

- ☐ Yes
- ☐ No

10. If yes, please list name and use:

Type your answere here

11. Do you have any allergies or sensitivities?*

- ☐ Yes
- ☐ No
- ☐ Not sure

12. If yes, please explain:

Type your answere here

13. I have read and understand the cancellation policy: [Can Insert Policy Here]

- ☐ Yes

By signing below, I agree that all the information above is true.*

☐ I agree to use [electronic records and signatures](#).

Clear

× Customer Signature

Oct 5, 2023 - 8:35 AM