Date: _____

LET'S GET TO KNOW EACH-OTHER

Name: _____

Birthday: _____

Phone : _____

Any allergies or sensitivities?

_____

_____

_____

_____

How did you find me? _____

Would you prefer a quiet appointment? (minimal talking) _____



What have you done to your hair the past couple of years? (Please include all color, treatments, regular cuts ect.)

_____

_____

_____

_____

_____

_____

_____

Describe your natural hair color:

_____

_____

_____

_____

_____

Current hair-care routine:

_____

_____

_____

_____

_____



(For Stylist Use) NOTES:

_____

_____



New Client Release Form

I release (Stylist Name) harmless against any and all liability, damage, and/or expenses arising out of or in connection with actions, claims, and/or damages resulting in personal injuries and disabilities (physical and/or psychological) that I might incur as a result of the chemical altercation through permanent chemical processing of my hair. I understand that additional conditioning treatments may be recommended and/or necessary for my hair maintenance, and that permanent damage to my hair is possible due to the chemical application.

Yes, I understand and take full responsibility for any and all implications related to my appointment _____

I understand that my photographs may be used for commercial use and to promote business.

Print Name _____

Signature _____

Date _____