

CLIENT INTAKE FORM

Name

Address

State Zip

Phone

Emergency Contact

Date of Birth

City

Email

Referral

What is your current hair length? Short Ear-Length Shoulder-Length Mid-Back Length Lower Back+

Is your hair currently natural? Yes No

How would you describe your scalp? Dry Normal Oily

How would you describe the current condition of your hair? Healthy Slightly Damaged Dry/Damaged

Shampoo frequency? Daily Weekly Bi-weekly Monthly

Condition frequency? Daily Weekly Bi-weekly Monthly

Deep condition frequency? Daily Weekly Bi-weekly As Needed

Are you currently taking medications? If so, please list:

How would you describe the curl pattern of your hair? Straight Wavy Curly Kinky-Curly Kinky

How would you describe the density of your hair? Fine Medium Thick

Are you currently taking any medication that has side effects that can cause hair thinning and/or hair loss? If so,

which one(s)?

Do you have now, or have had in the past, any problems with hair loss? Yes No

What are your long-term hair goals? More Length More Moisture Permanent Color Other:

Is there anything you need to improve your current method of hair care?

Daily Regimen Hair Products Eating Habits Water Intake

I have read the above information and have given an accurate account of the questions. If I have any concerns, I will address these with my stylist before the service. I give permission to my stylist to perform the hair service we have discussed and will not hold the stylist nor RoyaltySalon&Co. for any liability that may result from this treatment. I understand that my stylist will take every precaution to minimize or eliminate negative reactions as much as possible.

Client Signature Date

Consent to Treatment of Minor: By signature below, I hereby authorize RoyaltySalon&Co. to Administer a hair care service, and or protective style to my child or dependent as they deem necessary.

Signature of Parent or Guardian Date