

# CLIENT CARD

NAME:

PHONE:

EMAIL ADDRESS:

HOME ADDRESS:

CITY/STATE/ZIPCODE:

ALLERGIES/MEDICATION:

ANY REACTION TO:    CHEMICALS    COSMETICS

REFERRED BY:

PLEASE LIST ANY PREVIOUS COLORS, PERSONAL HAIR TREATMENTS & PRODUCTS USED:

HAIR CONDITION:    NORMAL    DRY    OILY

SCALP CONDITION:    NORMAL    DRY    OILY

TEXTURE:    FINE    MEDIUM    COARSE

POROSITY:    NORMAL    POROUS    EXTREMELY POROUS

NATURAL BASE LEVEL:

DESIRED LEVEL:

LAST CHEMICAL TREATMENT:    BLEACH STRAIGHTENING    PERMANENT    DEMI-PERMANENT

PERM    RELAXERS

STYLIST REMARKS: