## **New Guest Information**

Please fill out this short questionnaire and bring to your first appointment. It is important for me to be able to gather as much information that I can, to properly be able to customize your hair needs around your lifestyle.

Name:		
Address:		
City:	Zip Code	
Phone:	Cell:	
Email:		
Birthday:		
Allergies:		
	2 Things you LOVE about your hair:	
1.		
2		_
	2 Things you DISLIKE about your hair:	
1		_
2		_
	If you could change 1 thing about your hair, what w	ould it be?
	Never have I ever:	
Colored my bei	choose 1	
Colored my hai		
Had a profession	onal stylist color my hair	
USED DOX COIOL	r	