



Guest Intake Form

Dearest Guest,

We want today's visit to be the most outstanding salon experience you have ever had! To achieve excellent service for you in a personal way, we would like to know about your preferences regarding your hair. Your hair is as important to us as it is to you! Please complete the following questionnaire so we may better serve you. All information will be kept private and will only be used as a reference in order to give you excellent personal service. Thank you for your time.

Were you referred to us by a friend? _____

Who? _____

Age: (under 18) _____

In the past 6 months, have you had any of the following services? Home or Professional

Haircut

Hair Coloring Service

Lightening / bleach

Highlights

Permanent Wave

Texturizing Service

Relaxer

Straightener

What hair service would you like to discuss today?

Are you allergic to any salon chemicals? Please list allergies in the space provided and include nail, skin and hair product allergies.

For your protection, please list any medication that you are currently taking or have taken for the past year.

Do you presently have any hairline breakage, thinning areas, or bald spots?

What hair products do you use on a regular basis?

What styling tools (blow-dryer, curling iron, etc.) do you use on a regular basis?

What best describes your hair challenges?

What additional information would like the stylist to know about your hair?

DATE: _____

Consulting Stylist _____