Beautiful You

Client Hair History/Release liability Form

1.When was your last color chemical service/hair cut? Professionally or at home.

2.What products do you use to maintain your hair currently?

3.What are you interested to have done to your hair today?

4.What is your goal for the future of your hair?

5.What are your concerns about your hair?

6.What is something you wish to know ahead about your visit with us?

7.Is there anything you wish to tell us about your hair that we should know?

8.Are you currently taking any medications or have any allergies?

Before we start with your hair service we would like to assure you that we are more then dedicated to provide you with our quality and knowledgeable hair consultation. Our intention is to provide you with our best performance as we built a relationship of trust and respect. We ask that you are honest with the above questions so that we may determine the best outcome for you and the integrity of the health of your hair. The chemical service will be formulated in the process as to the history of your hair that you have provided. To ensure commitment we ask that you sign this release form and give us permission to move forward.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have provided my stylist \_\_\_\_\_\_\_\_\_\_\_\_\_ with the correct information regarding the history of my hair. I am aware that my technician is a licensed professional and will do her very best in providing me with the hair and chemical services I have requested according to the information I have answered honestly, Therefor I will not hold Beautiful You or my stylist liable if the process has unexpected or undesirable results.

Please sign here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_