

# Hair Salon Client Consultation Card

Please complete this card prior to your service. The information provided will help us customize your hair treatment safely and effectively.

## Client Personal Information

Full Name:	<input type="text"/>	Date:	<input type="text"/>
Phone Number:	<input type="text"/>	Date of Birth:	<input type="text"/>
Email Address:	<input type="text"/>		
Address:	<input type="text"/>		
Emergency Contact Name:	<input type="text"/>	Emergency Contact Phone:	<input type="text"/>
How did you hear about us?	<input type="text"/>		

## Hair Profile & Lifestyle

Natural Hair Texture (e.g., Fine, Medium, Coarse):	<input type="text"/>
Natural Hair Pattern (e.g., Straight, Wavy, Curly, Coily):	<input type="text"/>
Scalp Condition (e.g., Normal, Dry, Oily, Sensitive):	<input type="text"/>
How often do you wash your hair? (e.g., Daily, Twice a week):	<input type="text"/>
Daily Styling Routine & Tools Used (e.g., Blow dryer, Flat iron):	<input type="text"/>
Current Hair Products Used (e.g., Shampoo brand, Oils, Serums):	<input type="text"/>

## Chemical History & Health

Have you colored your hair in the last 12 months? (Yes/No - Details):	<input type="text"/>
Have you had a perm, relaxer, or keratin treatment? (Yes/No - Details):	<input type="text"/>
Have you ever had an allergic reaction to hair color or hair products?	<input type="text"/>
Are you currently taking any medications that affect hair or skin?	<input type="text"/>
Do you swim regularly in chlorinated water or salt water?	<input type="text"/>

## Today's Consultation Details

What is your main hair goal today?	<input type="text"/>
Desired Haircut Style / Length:	<input type="text"/>
Desired Hair Color / Technique (e.g., Balayage, Highlights, All over):	<input type="text"/>
Budget for Today's Service:	<input type="text"/>
Future Hair Goals (What do you want to achieve over time?):	<input type="text"/>

## Stylist Use Only (Notes & Formulas)

Base Formula:	<input type="text"/>
Mid-shaft / Ends Formula:	<input type="text"/>
Developer Volume & Processing Time:	<input type="text"/>
Toner / Gloss Formula:	<input type="text"/>

<b>Treatments Applied (e.g., Bond builder, Deep conditioner):</b>	
<b>Retail Products Recommended:</b>	
<b>Stylist Name:</b>	

**Client Signature:**  **Date:**