Images by B

Client Profile

Name:_____
First mi last

Complete Mailing Address:_____

City:_____State_____Zip_____

Phone: ( )_____ email:_____@_____

Work: ( )_____ Birthday:_____(month)_____(day)

Alt Phone:_____

How did you hear about our salon?

_____Referral _____Location/Sign _____Newspaper Ad _____Yellow Pages _____Bear Cash
_____Web page Other:_____

We would like to thank the person who referred you to our salon, could we please have their name?

Would you like to be put on our email list for special offers and/or newsletter for our clients?_____yes _____no
Your email address will not be given out or sold.

I would describe my style as: _____classic ____modern ____trendy ____funky ____business/conservative

I would describe my hair as:

Texture:	_____straight	_____wavy	_____curly		
Length:	_____short	_____medium	_____long		
Condition:	_____normal	_____color-treated	_____damaged	____dry/brittle	____permed
	_____relaxed	_____oily	_____other:_____		

Everyday I do the following to my hair:
____shampoo/wash ____use curling iron/flat iron ____use hot rollers ____blow dry
____other:_____

I am having a bad hair day when my hair gets:
____frizzy ____faded ____unmanageable ____flat ____split ends ____fly-aways ____too full
____other:_____

I want my hair to be:
____full ____curly ____healthy ____protected from color fading ____shiny ____soft ____shiny
____soft ____smooth ____protected from the sun ___straight ____strong ____dried quickly
____other:_____

I often:
____swim ____go to the beach ____exercise ____travel ____other:_____

I use the following hair care products:
____shampoo ___leave-in treatment ____conditioner _____other:_____

I use the following styling products:
____gel ____wax ____mousse ____cream ____paste ____hairspray ____other:_____

Are you taking any medications we need to know about? If so, please list:_____