



# Hairdresser/Salon Client Profile & History Form

## Customer Information

|   |  |   |
|---|--|---|
| <b>Salon:</b><br>Main Street Hair Salon                   | <b>Is this a new client?</b><br>Yes              | <b>Employed by:</b><br>Department of Transportation |
| <b>Customer #:</b><br>12345                               | <b>Contact Preference:</b><br>Cell Phone:        | <b>Preferred Appointment Day:</b><br>Wednesday      |
| <b>Customer First Name:</b><br>Marcia                     | <b>Street Address:</b><br>1721 Maple Street      | <b>Preferred Appointment Time:</b><br>5pm           |
| <b>Client Last Name:</b><br>Brady                         | <b>City, State, Zip:</b><br>Washington, DC 20001 | <b>Appt Frequency (# weeks):</b><br>1               |
| <b>Home Phone:</b><br>20286755309                         | <b>Birthday:</b><br>01/15/1985                   | <b>Hobbies:</b><br>hiking, boating                  |
| <b>Work Phone:</b><br>2025555309                          | <b>Email:</b><br>marcia@gmail.com                | <b>Allergies:</b><br>none                           |
| <b>Cell Phone:</b><br>2028675310                          | <b>Occupation:</b><br>Secretary                  | <b>Referred By:</b><br>Alice                        |
| <b>Customer Remarks:</b><br>Would like to have it colored |  |   |
| <b>Medical Issues or Allergies?:</b><br>No                | <b>Prior Service Complications?</b><br>No        |   |
| <b>Oral Contraceptives?</b><br>No                         | <b>Pregnant?</b><br>No                           |   |
| <b>Trying to get Pregnant?</b><br>No                      |  |   |

## Hair Details

|   |                                  |                                       |
|---|----------------------------------|---------------------------------------|
| <b>Personal Hair Care Products Used:</b><br>Suave Shampoo and Conditioner |                                  |                                       |
| <b>Hair Texture:</b><br>Medium  | <b>Hair Condition:</b><br>Normal | <b>Hair Porosity:</b><br>Extra Porous |
| <b>Hair Condition Comments:</b><br>Would like to keep it long             |                                  |                                       |
| <b>Scalp Condition:</b><br>Dry  | <b>Skin Condition:</b><br>Dry    |                                       |
| <b>Scalp Condition Comments:</b><br>Some dryness                          |                                  |                                       |
| <b>Texture:</b><br>Medium   | <b>Base Level:</b><br>Medium     |                                       |
| <b>Tonal Value:</b><br>Medium   | <b>% Gray:</b><br>50             |                                       |
| <b>Hair Color Treatment History:</b><br>Usually 2x per year               |                                  |                                       |
| <b>Last Color treatment Date:</b><br>04/30/2019                           |                                  |                                       |
| <b>Perm History:</b><br>None  |                                  |                                       |
| <b>Last Perm Date:</b>  |                                  |                                       |



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11/15/2019

**Last Perm Results:**

N/A

**Last Relaxer Date:**

11/15/2019

**Relaxer type:**

Mild

**Referred by:**

Alice

**Additional Comments:**

None

## Medical Problems Detail

Please describe any medical problems, medications or allergies:

## Complications Detail

Please describe complications at prior service visits:

## Treatment History Detail

**Date:**

07/01/2019

**Service & Treatment:**

Cut only

**Stylist:**

Maria

**Charge for base service:**

45

**Tip:**

5

**Total money received:**

50.00

**Payment method:**

Credit/Debit Card

**Formula/Product:**

Salon brand

**Remarks/Changes:**

Trim

## Client Picture

Client Picture:



# Hairdresser/Salon Client Profile & History Form



**Signature**

**Your Name**  
Marcia Brady

**Signature**  
