



STATEMENTS HAIR BOUTIQUE CLIENT PROFILE

FULL NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE
(HOME):

WORK:

EMAIL:

BIRTHDAY:

AGE:

SEX:

MALE

FEMALE

REFERRED BY:

STYLIST:

COLORIST:

ALLERGIES:

PRESCRIPTION
MEDICATION:

HOME WATER
TYPE:

SOFT

HARD

WELL WATER

HIGH MINERAL
CONTENT

HAIR ANALYSIS

Please check all that apply

NATURAL BASE LEVEL:

TONAL VALUE:

% OF GREY

HAIR CONDITION:

NORMAL

DRY

OILY

TEXTURE:

FINE

MEDIUM

COARSE

TENACITY:

NORMAL

POROUS

OVER POROUS

TENACITY:

NORMAL

POROUS

OVER POROUS

SCALP CONDITION:

NORMAL

DRY

OILY

FLAKY

COLORED:

PRIZMS

HENNA

SOCOLORIZED

SEMI-PERMANENT

BLEACHED/
TONED

FROSTED/HIGHLIGHTED

DATE OF LAST COLOR:

HAIR ANALYSIS

Please check all that apply

PERMED:

ACID

ALKALINE

EXEOTHERMIC

COLOR
TREATED

DAMAGED

BRAND NAME:

In the past year have you had any of the following services either in or out of a salon? (Please indicate the date on which you had it.)

HAIRCUT

Waxing (what type?)

HAIR COLOR

MANICURE

PERMANENT WAVE OR TEXTURIZING
TREATMENT

ARTIFICIAL NAIL SERVICES
(PLEASE DESCRIBE)

CHEMICAL RELAXING OR
STRAIGHTENING TREATMENT

PEDICURE

HIGHLIGHTING OR LOWLIGHTING

FACIAL/SKIN TREATMENT

FULL HEAD LIGHTENING

OTHER
(PLEASE NAME OTHER SERVICES
NOT LISTED)

HAIR COLOR CORRECTION

WHAT TYPE OF SKIN DO YOU HAVE?

- DRY OILY NORMAL COMBINATION

WHAT TYPE OF SKIN CARE REGIMEN DO YOU FOLLOW? (PLEASE EXPLAIN)

[Empty text box for skin care regimen explanation]

DATE OF LAST PERM:

[Empty text box for date of last perm]

BRAND NAME:

[Empty text box for brand name]

HOW WOULD YOU CHARACTERIZE YOUR NAILS?

- NORMAL BRITTLE FLEXIBLE

**DO YOU HAVE ANY OF THE FOLLOWING NAIL SERVICES?
(CHECK ALL THAT APPLY)**

- SILK WRAPS PORCELAIN ACRYLIC WRAPS
 GLUE MANICURE NATURAL MANICURE PARAFFIN HAND TREATMENTS

**DO YOU HAVE ANY OF THE FOLLOWING FOOT SERVICES?
(CHECK ALL THAT APPLY)**

- BASIC PEDICURE SPA PEDICURE
 PARAFFIN FOOT TREATMENTS

DO YOU EVER EXPERIENCE DRY, ITCHY SKIN? ___ SCALP? IF SO, HOW OFTEN?

DO YOU NOTICE YOUR ABILITY TO MANAGE YOUR HAIR, SKIN OR NAIL REGIMENS CHANGE WITH THE CHANGE IN CLIMATE? HOW SO?

HOW OFTEN DO YOU SHAMPOO YOUR HAIR?

HOW OFTEN DO YOU CONDITION YOUR HAIR?

ONCE CLEANSED AND CONDITIONED, HOW DO YOU STYLE YOUR HAIR?

PLEASE LIST ALL OF THE PRODUCTS THAT YOU USE ON YOUR HAIR, SKIN AND NAILS REGULARLY.

ON AVERAGE, HOW MUCH TIME DO YOU SPEND EACH DAY STYLING YOUR HAIR?

ARE YOU NOW OR HAVE EVER BEEN ALLERGIC TO ANY OF THE PRODUCTS, TREATMENTS OR CHEMICALS YOU'VE RECEIVED DURING ANY SALON SERVICE---HAIR, NAILS OR SKIN? (PLEASE EXPLAIN)



**WHAT IS YOUR BIGGEST COMPLAINT CONCERNING YOUR HAIR?
COMMENTS:**



THANK YOU!