**Client Intake Form Cosmetology**

* **Client Details:**
  + **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + **Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + **Date of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Service Selection: (checkboxes for each service offered)**
  + **Haircut**
  + **Coloring**
  + **Manicure**
* **Hair/Skin Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Previous Salon Services: ☐ Yes ☐ No**
* **Preferred Stylist/Technician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Acknowledgment of Salon Policies: ☐ Agree**
* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**