**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**