

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:** _____