

CLIENT CARD

NAME:

PHONE:

EMAIL ADDRESS:

HOME ADDRESS:

CITY/STATE/ZIPCODE:

ALLERGIES/MEDICATION:

ANY REACTION TO: CHEMICALS COSMETICS

REFERRED BY:

PLEASE LIST ANY PREVIOUS COLORS, PERSONAL HAIR TREATMENTS & PRODUCTS USED:

HAIR CONDITION: NORMAL DRY OILY

SCALP CONDITION: NORMAL DRY OILY

TEXTURE: FINE MEDIUM COARSE

POROSITY: NORMAL POROUS EXTREMELY POROUS

NATURAL BASE LEVEL:

DESIRED LEVEL:

LAST CHEMICAL TREATMENT: BLEACH STRAIGHTENING PERMANENT DEMI-PERMANENT

PERM RELAXERS

STYLIST REMARKS: