

New Guest Intake Form Keratin Treatment

Welcome, we are excited to start our relationship with you and your hair!

First Name _____

Last Name _____

Are you over the age of 18?

Yes No

Email

example@example.com

Phone Number _____

What is your hair type?

Straight Wavy
 Tight course ringlets Curly

What is your hair texture?

Fine
 Medium thickness
 Course thick

Do you currently wear extensions?

Yes No

Is your hair currently above your collarbone?

Above my collarbone
 Below my collarbone
 My hair is long

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Please describe your general haircut shape:

Do you have any grey hair you want covered?

- Yes No

In the last 5 years, has your hair had:

- Box color Color darker over highlights
 Henna Color correction
 Chemical damage Japanese straightening treatment

Are you wanting a dramatic color change?

- Yes No

What is your hair's integrity like currently?

- Excellent/ virgin / never been chemically processed
 Great/ had color but healthy
 Alright needs some love
 Not great ive been hard on it
 Damaged by chemical/ heat or breakage

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Please tell us anything else you feel is important for us to know about your hair's health history:

Do you have a preferred stylist in mind?

Which services are you looking to book?

Please let us know days/times that you are available, and if you would like to get in as soon as possible *

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How did you hear about us?
