

New Client Intake Form

Client Name: _____

Date of Birth: _____

Address: _____ City: _____

State: _____ Zipcode: _____

Email: _____ Phone: _____

How did you find Elle Reve Salon Studio? _____

Referred by: _____

Have you ever suffered from hair loss?

Yes

No

Have you ever been diagnosed with Alopecia?

Yes

No

Do you currently take any medication?

*some medications may interact with hair color and cause discoloration or the color not to take

Yes

No

If yes, what medications? _____

Are you currently or have you been pregnant in the last 6 months?

Yes

No

Do you suffer from Psoriasis of the scalp?

Yes

No

Do you suffer from Eczema of the scalp?

Yes

No

Do you have a sensitive scalp?

Yes

No

How would you describe your scalp?

Dry

Normal

Oily

Do you have any known allergies?

Yes

No

If yes, what are your allergies? _____

*please list any nut, gluten, or latex allergies as well

What is your current hair length?

Short Ear Length

Shoulder Length

Mid-Back Length

Lower Back or Longer

How would you describe the current condition of your hair?

Healthy

Slightly Damaged

Dry/Damage

Have you ever used Box Color, Henna, Sun-in, or other products to color your hair at home?

- Yes
- No

If yes, please list what you used. _____
 *please note this is not to judge you, this is purely so I know what is in your hair so I can maintain the integrity of your hair

Have you ever had a Japanese Straightening Treatment, Perm, Relaxer etc?

- Yes
- No

If yes, please list what you have had. _____

What are your long-term hair goals?

- More Length
- More Moisture
- Happy Curls
- Change Color
- Maintain Color
- Smoothing

Other: _____

Is there anything I can do to help you improve your current method of hair care?

- Daily Regimen Coaching
- Hair Product Recommendations
- Treatment Recommendations

Other: _____

PATCH TEST

A small percentage of individuals can experience adverse reactions due to the application of hair color products. While rare, symptoms can include burning, redness, itching and/or swelling even if you have had your hair colored in the past with no reaction. Your colorist can administer a "patch test" to determine if you will experience a reaction to hair coloring. This test must be administered 48 hours prior to your appointment for coloring services.

Please indicate whether you would like the patch test performed.

I would ____ would not ____ like to have a patch test performed

If you choose to not have a patch test done please sign below.

I, _____, certify that I have been offered a patch test to determine whether or not I will have any adverse interaction with my color/ chemical services and I have declined. By signing I understand I may experience adverse reactions to the coloring/ chemical service such as burning, redness, tenderness, itching and/or swelling and do not hold Jenny Lancaster nor Elle Reve Salon Studio accountable.

Client Signature: _____ Date: _____

I have read the above information and have answered the questions truthfully to the extent of my knowledge. If I have any concerns, I will address these with my stylist before the service. I give permission to my stylist to perform the hair service/s we have discussed and will not hold Jenny Lancaster nor Elle Reve Salon Studio accountable for any liability that may result from this treatment. I understand that my stylist will take every precaution to minimize or eliminate negative reactions as much as possible.

Client Signature _____

Date: _____