



## Client Information Sheet

Please print this form and bring to your first appointment or you may complete it at the salon.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Known Allergies (latex, nylon, chemicals, etc.) \_\_\_\_\_

Would you like to receive occasional salon news and specials via email? Yes \_\_\_\_ No \_\_\_\_

Referred by \_\_\_\_\_

Please note, all information provided will be kept confidential and used to improve your experience at our salon. We will not provide your personal information to any outside parties.