Client Consultation and Consent Form

Please answer these questions so we can provide your service safely. Your answers are kept confidential.

Salon or spa name

Service(s) booked

Client name

Phone

Health and history

Allergies or sensitivities (products, latex, fragrances) or none

Skin or scalp conditions, recent treatments or medications (or none)

Pregnant or nursing (yes/no/prefer to discuss)

Previous reactions to this service

Patch or strand test done (yes, no, declined)

Consent

I have answered these questions truthfully and will tell my service provider about any change. I understand the service may carry risks such as irritation, allergic reaction or results that differ from what I expected, and that a patch or strand test is recommended for some services. If I declined a recommended test, I accept the risk. I consent to the service described above.

Photos for the salon's portfolio allowed (yes/no)

Client

Signature

Full name

Date

Salon or spa

Signature

Full name

Date