

The
ART & INDUSTRY
of Hair

New Guest Intake Form

Welcome, we look forward to creating a relationship with you and your hair!

First Name _____

Last Name _____

Are you over the age of 18?

Yes

no

Email _____

Phone Number _____

What is your hair type? *

Thick

Medium

Thin

What is your hair texture? *

Fine

Medium

Course

Curly

Damaged

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Do you currently wear extensions?

Yes

No

For your cut, are you looking for:

Just a trim, Minimal shaping to keep ultimate length still resulting in natural look

2-3 inches reshaping for a specific look and style

Completely new look for dramatic change

Is your hair currently above your collarbone?

Yes

No

If yes, please describe your general shape:

Do you have any grey hair you want covered?

Yes

No

In the last 5 years, has your hair had:

Box dye

Black dye

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- Red
- Henna
- Highlights covered with dark
- Color correction

Are you wanting a dramatic color change?

- Yes
- No

What is your hair's integrity like currently?

- Never colored or processed
- Healthy
- Slightly damaged/ Highlighted
- Damaged
- Severely damaged with chemical breakage

Please tell us your hairs health history:

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Please text or stylist pictures or bring to your consultation. This helps us to better assess desired outcome:

Please text us or bring in any inspiration pictures that you have!

How did you hear about us?
