

# Salon Intake Form



Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

How did you hear about Natural Elements

Salon? \_\_\_\_\_

Are you on any medication, is yes, please list?

\_\_\_\_\_

When was your last chemical hair service, what was it?

\_\_\_\_\_ Where? \_\_\_\_\_

Have you received a highlight service in the last

year? \_\_\_\_\_ Where? \_\_\_\_\_

Have you received a chemical relaxer, straightener, or perm in the last year?

\_\_\_\_\_ Where? \_\_\_\_\_

**Women:** Are you pregnant or trying to conceive? **Y** or **N**

To Maximize your experience, please express what your goals are for your salon service?

\_\_\_\_\_

\_\_\_\_\_

I confirm (to the best of my knowledge) that the information I have provided is accurate and complete. I have not withheld any pertinent information that may be relevant to my salon service and/or the results thereof. By signing below, I further agree that I will not hold Natural Elements Spa & Academy, Inc., Spa affiliates or any of its employees responsible should there be any unfavorable outcome or result.

Guest signature \_\_\_\_\_ Date \_\_\_\_\_