HAIR STYLIST - CLIENT RECORD

Name .....

Address .....

Phone ..... **Email** .....

Allergies ..... **Referred by** .....

Other Info .....

HAIR ASSESSMENT

Hair Oil Levels

DRY — NORMAL — OILY

Scalp Oil Levels

DRY — NORMAL — OILY

Hair Texture

FINE — COARSE

Moisture Retention

LOW — HIGH

Hair Notes .....

Date	Service	$ - Price