DATE	SERVICE & TREATMENT™- FORMULA / PRODUCT, Ounces, Lift, Time, Rod Size	REMARKS / CHANGES / STYLIST

PH-265

● PROFESSIONAL SERIES ●

"Confidential General Information Only"
Not a Release or Legal History Document

● NEW IMPROVED! For 2007

PH-265 Hair Client Profile & History™

In order to provide you with the best possible services.....please complete the following:

NAME _____ Date ___/___/__

Bus : _____ Res : _____ Cell : _____

Address : _____

City _____ State _____ Zip _____

Occupation _____Hobby_____

❑ eMail/Web/URL_____@_____ ❑ PC ❑ Palm Pilot

Birth Date _____/_____ First Visit Date_____

Preferred Appt Times _____AM/PM Day of Week_____

Appt. Frequency ❑ 1Wk ❑ 2 Wks ❑ 3 Wks ❑ 4 Wks

❑ Medical or Skin Conditions ❑ Bleeding Disorders ❑ Medications

❑ Allergies to Topical Solutions ❑ Medicines ❑ Health Problems

❑ Complications at a Service _____

_____

❑ Oral Contraceptives? ❑ Pregnant? ❑ Trying to be?

Cosmo Tech_____Lic #_____

HAIR CONDITION: ❑ Normal ❑ Dry ❑ Oily

SCALP CONDITION: ❑ Normal ❑ Dry ❑ Oily

TEXTURE: ❑ Fine ❑ Medium ❑ Course

Base Level:_____Tonal Value_____% Gray_____

Is your skin: ❑ Dry ❑ Oily ❑ Reflexology

HAIR COLOR TREATMENTS: ❑ Other_____

❑ Permanent ❑ Simi-Permanent ❑ Metallic_____

❑ Bleached ❑ Toned ❑ Frosted ❑ Highlighted ❑ _____

PERMS: ❑ Acid ❑ Alkaline ❑ Exothermic Brand_____

Last Perm____/____/___ Results_____

Relaxer / Date_____ ❑ Super ❑ Mild ❑ Regular

What attracted you to our salon? ❑ Friend ❑ Location

❑ Salon Web Site ❑ Mail ❑ Ads ❑ Referral_____

Personal Hair Treatment & Product: Shampoo_____ Conditioner _____ Hair Spray _____ Gel?s_____ Other_____

I Do The Following To My Hair: ❑ Cut ❑ Color ❑ Perm ❑ Bleach ❑ Rinse ❑ Condition ❑ Other_____

REMARKS: _____

PH-265 © 2007 Melissa's Salon Concepts ™, Westminster, CA 92683 • Not to be reproduced without written permission • 800-445-2020 • www.MelissaMSC .com