

Hair Color & Blonding Consultation / Intake Form

We're so excited you're here! This form helps us get to know your hair, your goals, and how to best care for it. Please answer honestly so we can create the most beautiful (and healthiest!) results!

Client Information

- Full Name: _____
 - Phone Number: _____
 - Email Address: _____
 - Preferred Method of Contact: Call Text Email
 - Instagram / Social Media (optional): _____
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\Hair History

1. Have you previously colored or lightened your hair?
 Yes No
2. Have you had any of the following in the past 12 months?
(Check all that apply)
 All-over color
 Highlights / Balayage
 Bleach / High-lift blonding
 Toner / Gloss
 Box dye
 None
3. Do you currently experience any of the following?
 Dryness
 Breakage
 Excessive shedding
 Thinning
 Scalp sensitivity
 None
4. Have you had any chemical services, including **perms, smoothing treatments, or relaxers**, or have you **chemically altered your hair in any way** (including henna or other natural products that may affect the structure and integrity of your hair or scalp, **ANY ALLERGIES TO PREVIOUS SERVICES**)?
 Yes No
If yes, please explain and include approximate dates and give any details on COLOUR LINE, HOW LONG IT PROCESSED, PERMANENT COLOUR, DEMI PERMANENT COLOR , SEMI PERMANENT COLOR OR EVEN TEMPORORAY COLOR:

Scalp & Hair Health

1. Do you have any scalp conditions (eczema, psoriasis, alopecia, etc.)?
 Yes No
If yes, please explain: _____
 2. Are you currently taking medications or undergoing treatments that may affect your hair or scalp?
 Yes No
If yes, please explain: _____
 3. Are you pregnant or postpartum (within the last year)?
 Yes No
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Lifestyle & Maintenance

1. How often do you work out or sweat heavily or wash your hair ?
 Rarely 1-2x/week 3-5x/week Daily
 2. How much maintenance are you comfortable with between appointments?
 Low maintenance
 Moderate maintenance
 High maintenance
 3. How often would you like to return for color maintenance?
 6-8 weeks
 8-12 weeks
 As recommended
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Your Color Goals

1. What are you hoping to achieve today?
 Lighter / Blonder
 Refresh current color
 Dimensional color
 Color correction
 Not sure — help me decide!
 2. How blonde are you hoping to go?
 Soft & natural
 Bright blonde
 Very light / platinum
 Open to professional recommendation
 3. Do you have inspiration photos?
 Yes No
(Photos are always helpful!)
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Stylist Consultation Notes *(Stylist to complete)*

- Recommended service(s): _____
 - Blending/colouring approach: _____
 - Estimated number of sessions needed: _____
 - Estimated cost today: _____
 - Maintenance plan: _____
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No-show, Refund, Payment & Adjustment Policy Acknowledgments

All color and blonding services are customized specifically for you and are non-refundable.

If you feel an adjustment is needed, please reach out **within 7 days of your appointment**. We're always happy to take a look and make some adjustments when communicated within this time frame.

I totally get that life happens-kids get sick, plans change, and sometimes you just need a nap instead of a balayage. But here's the deal: I kindly ask for at least **48 hours'** notice if you need to cancel or reschedule your appointment. Why? Because that spot was saved just for you, and last-minute changes make it tricky to fill. No-shows or late cancellations may be subject to a fee (ouch, I know, but my time is precious too!). Thank you all for helping keep things running smoothly behind the chair and in the appointment book. Can't wait to glam you up soon!

And as an extra heads-up Dolls, extensions deposits are non refundable, if you need to move your appointment, please let me know within 48 hours (if applicable to your color service)

Initials: _____

Payment & Deposit Policy

For colors over 3-4 hours or over 300\$, A **non-refundable deposit** of 100\$ is required to reserve your appointment. This deposit is applied toward your service total.

The remaining balance is due **on the day of your appointment**. Prices may vary based on hair length, density, and the time required to safely achieve your desired result. We'll always discuss this with you during your consultation — no surprises here!

Initials: _____

Client Agreement

Please initial each statement below:

- _____ I understand that achieving my desired color may require multiple sessions to maintain the health of my hair.
- _____ I understand that results can vary based on my hair history and at-home care.
- _____ I have shared all relevant hair and health information honestly.
- _____ I agree to follow recommended aftercare and maintenance guidelines.

Client Signature: _____

Date: _____

Stylist Signature: _____

Date: _____