

## Perm & Chemical Smoothing / Relaxer Consultation & Intake Form

### Client Information

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

1. **Have you ever received a perm, relaxer, or chemical smoothing service before?**  
 Yes  No  
If yes, please specify the type and approximate date:
  
2. **Have you ever had chemical services that alter your hair, including perms, relaxers, smoothing treatments, or products like henna that may affect hair integrity?**  
(Include any allergies or reactions to past services.)  
 Yes  No

#### If yes, please provide more information:

- Type of service or product: \_\_\_\_\_
- Approximate date(s): \_\_\_\_\_
- Chemicals used during the service/Processing time : \_\_\_\_\_
- Processing time / notes: \_\_\_\_\_

3. **Have you had any of the following services within the last 12 months?**
    - Hair coloring
    - Bleach / Lightener
    - Highlights / Balayage
    - Relaxer
    - Perm
    - Keratin / Chemical smoothing treatment
    - None
  4. **Do you currently experience any of the following?**
    - Excessive shedding
    - Breakage
    - Thinning areas
    - Scalp sensitivity
    - Dryness
    - None
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**Scalp & Health Information**

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

1. **How often do you wash your hair?**  
 1x/week  2-3x/week  More than 3x/week
  2. **How much time are you willing to dedicate to styling and maintenance?**  
 Minimal  Moderate  High
  3. **Are you willing to follow post-service care instructions and use recommended products?**  
 Yes  No
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**Desired Results & Goals**

1. **Which service are you interested in?**  
 Perm (curl or wave pattern)  
 Chemical Smoothing  
 Relaxer  
 Not sure – stylist recommendation
2. **What is your primary goal?**  
 Looser curls / waves  
 Defined curls  
 Straightening  
 Frizz reduction  
 Manageability
3. **Describe your desired outcome:**  
  
\_\_\_\_\_  
\_\_\_\_\_

4. **Do you have inspiration photos?**  
 Yes  No  
*(Please provide at consultation)*
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### Client Acknowledgment & Consent

I understand that chemical services such as **perms, relaxers, and smoothing treatments permanently alter the hair structure** and require proper maintenance and care.

I acknowledge that results may vary based on my hair's condition, history, and adherence to post-service instructions. I understand that **all chemical services are non-refundable**.

If I experience any concerns related to comfort, scalp irritation, or results, I agree to notify my stylist **within 24-48 hours** of my appointment so the issue can be properly assessed. Concerns reported after this time frame may not be accommodated.

Client Initials: \_\_\_\_\_

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### Appointment, Cancellation & Payment Policy

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!

Client Initials: \_\_\_\_\_

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### Stylist Use Only

- Hair Texture & Density: \_\_\_\_\_
- Recommended Service: \_\_\_\_\_
- Chemical Strength / Formula: \_\_\_\_\_
- Estimated Cost: \_\_\_\_\_

Maintenance & Home Care Plan: \_\_\_\_\_

### Please Read and Initial Each Statement

- \_\_\_\_\_ I understand chemical services may cause dryness, breakage, or damage if hair is not properly cared for.
- \_\_\_\_\_ I understand that multiple chemical services may not be compatible.
- \_\_\_\_\_ I confirm that all hair and health information provided is accurate and complete.
- \_\_\_\_\_ I agree to follow all aftercare instructions provided by my stylist.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Stylist Signature: \_\_\_\_\_

Date: \_\_\_\_\_