



SAMANTHA BOYKIN

In the past two years, have you used any of the following (circle all that apply);

- | | | |
|-------------|---------------------------------------|----------------|
| Salon color | Bleach/Lightener | Perm |
| Home color | Color depositing shampoo/conditioners | Relaxer |
| Henna color | Keratin straightening treatment | Color Stripper |

- Do you have well water or hard water? Yes No Unsure
- Are you currently pregnant? Yes No Unsure
- Are you taking any prescription medications? Yes No

Please list any known allergies: _____

**Please list brand(s) of hair products used at home:
(Write 'none' or N/A if not used)**

Shampoo: _____ Treatments: _____

Conditioner: _____ Heat Protectant: _____

Styling Products: _____

How often do you wash your hair?

- Daily Every other day 3x a week 2x a week or less

How often do you heat style your hair?

- Daily Every other day 3x a week 2x a week or less

What is your budget for your salon visit?

- Less than \$100 Up to \$150 Up to \$200 \$200+

How often can you realistically visit the salon for maintenance?

- 4 weeks 6 weeks 8 weeks 3 months 6 months

I understand that the information on this form is requested so my stylist can better prepare herself for the services I may receive here in the salon, and make me aware of any possible concerns or complications with desired services. My information will only be used for these purposes. I have given truthful and complete answers to the best of my abilities.

Print Name: _____

Date: _____

Signature: _____