# Salon Client Consultation Card

HonestMarginCo

## Client

Name _____ Phone _____

Email _____ Birthday _____

## History

Current colour / previous treatments _____

Last chemical service _____

Hair / skin / nail concerns _____

Any allergies or sensitivities? ☐ Yes ☐ No

Any scalp, skin or eye conditions? ☐ Yes ☐ No

Pregnant or on medication that affects skin or hair? ☐ Yes ☐ No

## Patch tests

| Date | Product | Result | Checked by |
|---|---|---|---|
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## Visits

| Date | Service | Formula / products used | Price | Rebook by |
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