

Client record

BEAUTY · NAILS · LASHES · BROWS

CLIENT DETAILS

Surname _____ First name _____
Date of birth _____ Phone _____
Email _____ Address _____
Client since _____ Referred by _____

SKIN & HEALTH

Skin type ☐ normal ☐ dry ☐ oily ☐ combination ☐ sensitive
Pregnant / breastfeeding ☐ yes ☐ no
Contact lenses ☐ yes ☐ no

Allergies / sensitivities _____
Medication _____
Skin conditions _____
Diabetes / blood thinners _____

PATCH TEST

DATE	PRODUCT / BATCH	RESULT

WISHES & NOTES

CONSENT

I agree that my details are kept for the purpose of my treatments. I will tell the salon about any change in my health.

☐ Before/after photos may be taken for my client record.

Date _____ Signature _____

Treatment log

NAME: _____

[illegible]