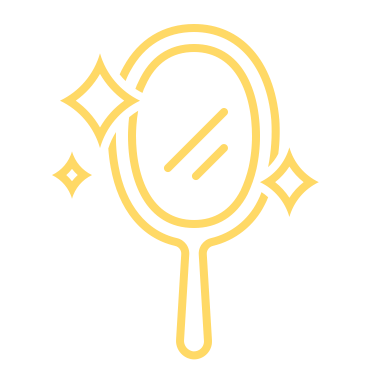
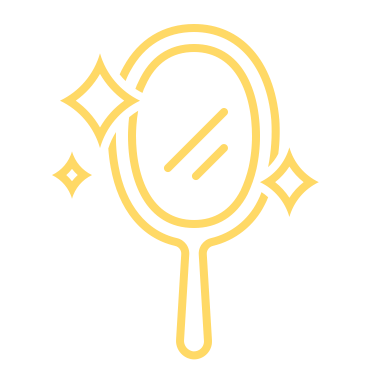
**[](https://www.smartsheet.com/try-it?trp=10851&utm_source=integrated-content&utm_campaign=/content/client-intake-form-template&utm_medium=Salon+Client+Intake+Form+doc+10851&lpa=Salon+Client+Intake+Form+doc+10851)SALON CLIENT INTAKE FORM**

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SALON LOGO

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATE | | | TENDING STAFF MEMBER | | |
|  | | |  | | |
| CLIENT INFORMATION | | | | | |
| NAME |  | |  |  | |
| PRONOUNS |  | | ADDRESS |
| DATE OF BIRTH |  | |  |
| HOME PHONE |  | | | | |
| ALT. PHONE |  | | | | |
| EMAIL |  | | | | |
|  |  |  |  |  |  |
| Specify areas you would like us to target. | | | | | |
|  | | | | | |
| Please circle any of the following conditions you've had a health issue with. | | | | | |
| arthritis anemia cancer convulsions seizures migraines osteoporosis | bladder trouble chest pain high blood pressure kidney trouble heart trouble | poor circulation sinus trouble asthma indigestion dermatitis epilepsy | broken bone measles hepatitis  tuberculosis neck pain diabetes artificial joints | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please elaborate on any conditions circled above. | | | | | |
| UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  YES  UNKNOWN  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO | | | | | |
|  | | | | | |
| PAYMENT INFORMATION | | | | | |
| PAYMENT TO |  | | PAYMENT DATE |  | |
| RECEIPT NUMBER |  | | AMOUNT PAID |  | |
| PAYMENT METHOD |  | | | | |
| RECEIVED FROM |  | | RECEIVED BY |  | |
| **ACCOUNT INFO** | | | **PAYMENT PERIOD** | | |
| ACCT BALANCE | THIS PAYMENT | BALANCE DUE | FROM |  | |
|  |  |  | THROUGH |  | |
| **PAYMENT FOR**  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO | | | **ADDITIONAL INFO** |  | |
|  | | |
| INSURANCE INFORMATION | | | | | |
| NAME OF CARRIER |  | | INSURED’S DATE OF BIRTH |  | |
| NAME OF INSURED |  | | GROUP NUMBER |  | |
| SUBSCRIBER ID |  | | SIGNATURE |  | |

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SALON LOGO

*SALON NAME | ADDRESS | PHONE | WEBSITE | SOCIAL MEDIA*

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