**SALON CLIENT INTAKE FORM**

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SALON LOGO

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| --- | --- |
| 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. |
| arthritisanemiacancerconvulsionsseizuresmigrainesosteoporosis | bladder troublechest painhigh blood pressurekidney troubleheart trouble | poor circulationsinus troubleasthmaindigestiondermatitisepilepsy | broken bonemeasleshepatitis tuberculosisneck paindiabetesartificial joints | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please elaborate on any conditions circled above. |
|  UNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONOUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNOYESUNKNOWNNONONONONONONONONONONONONONONONONONONONONONONONONONONONO |
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| 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**NONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONO | **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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