

SALON

by milk + honey

CLIENT INFORMATION

Please circle all services that you are receiving today:
cut ... color ... color correction ... relaxer ... perm ... extensions ... updo
bridal hair ... makeup lesson ... makeup application ... bridal makeup

Please list all medications and supplements you are taking:

(hormone, cancer and thyroid medications/health issues affect
thinning of hair, hair loss, hair color outcome, and
integrity of hair – we need to know before we start)

Are you claustrophobic?

yes | no

Please list all allergies, including food, plant, drug, latex and other:

What are your goals for today?

Please list all products that you use to cleanse,
condition, treat and style your hair:

Have you experienced any burning or itching
of the skin or scalp recently?

yes | no

Are you pregnant or trying to become pregnant?

yes | no

I understand that hair color outcome can be unpredictable
due to fluctuations in hormone levels

initial here _____

Is there anything I should be made aware of
before we start your treatment?

If, for any reason, I am not satisfied with my services today I agree to
inform the front desk concierge or manager prior to payment.

yes | no

If you are not satisfied with your treatment(s) for ANY reason, you will
allow us the opportunity to correct the situation - either with
the same stylist or with a different one, at your request.

yes | no

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY/STATE/ZIP:

PRIMARY PHONE:

MOBILE:

EMAIL:

HOW DID YOU HEAR ABOUT US?

BIRTHDAY:

In consideration for receiving milk + honey's services, I hereby release, waive, discharge, and covenant not to sue Spa Partisan, Inc., its officers, agents, servants, and employees from any and all liability, claims, demands, actions, and causes of action related to any loss, damage, or injury that may be sustained by me or property belonging to me, whether caused by negligence or otherwise, while participating in such activity or while on the milk + honey premises. I am fully aware of the risks involved and hazards connected with spa treatment, and I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, that may be sustained by me, or any loss or damage to property owned by me as a result of being engaged in such an activity, whether caused by the negligence or otherwise.

SIGNATURE:

DATE:
