



CLIENT PROFILER

CREATIVE HAIR DESIGN

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

City: _____ Zip Code: _____

Cell Phone: _____

Email Address: _____

Referred by: _____

Birthdate: Month: _____ Day: _____

Drivers License #: (for future check writing) _____

Occupation: _____

APPOINTMENTS

(Please select your response)

How would you like your appointments to be confirmed?

Call home # Call Cell # TEXT Email

As a courtesy to our clients, we will confirm 1 day in advance. Kindly give 24 hours notice of cancellation to avoid a service fee.

QUESTIONNAIRE

(Please select your responses)

Your personal style: Classic Modern Trendy Natural

Your professional style: Corporate Business Casual Creative Casual

Personal interests: _____

Hair goals: Subtle change once a year Change with seasons

Have a major change in mind Love to change every visit

Commitment to salon visits: 1-8 weeks 6-12 weeks 3-6 months Once a year

Styling time spent: Less than 15 minutes 15-30 minutes

30-45 minutes More than 45 minutes

Versatility: Wear hair the same everyday Sometimes wear differently on weekends

Open to change and change often

Style routine: Air dry or diffuse Blow-dry with flat brush

Blow-dry with round brush Blow-dry with brush and hot iron

Styling comfort level: Uncomfortable Comfortable Very comfortable

What do you like/dislike about your hair? _____

What products are you currently using? _____

Why did you leave your last stylist? _____