

# Client record

Hair salon and colouring

Business name

## CLIENT DETAILS

Full name

Phone number

Email

Date of birth

## SERVICE DETAILS

Hair type and texture

Natural colour level

Colouring or chemical treatments in the last 6 months

Scalp condition

Known allergies or sensitivities

Patch test date and result

Colour formula used

Processing time

Advice for the next visit

Notes

Date

Specialist signature