

Client Record Card

Keep one card per client. Update it at every visit and keep it somewhere private.

CLIENT DETAILS

Full name

Phone

Email

Birthday

First visit

Address

Preferred contact ☐ Call ☐ Text ☐ Email

OK to send reminders ☐ Yes ☐ No

How did you hear about us?

HEALTH & SAFETY

Allergies or sensitivities (products, latex, fragrance...)

Health notes relevant to treatments (skin or scalp conditions, medication, pregnancy...)

Patch test date

Product

Result

PREFERENCES

Usual services

Products, colors, shapes or styles they like

Things to avoid

Notes (personality, family, what you talked about — anything that helps next time)

I confirm the information above is correct and I'll let you know if anything changes.

Client signature

Date

Visit Log

One row per visit: what you did, what you used and what to remember next time.

Client name