Client record

BEAUTY · NAILS · LASHES · BROWS

CLIENT DETAILS

Surname _____ First name _____

Date of birth _____ Phone _____

Email _____ Address _____

Client since _____ Referred by _____

SKIN & HEALTH

Skin type ☐ normal ☐ dry ☐ oily ☐ combination ☐ sensitive

Pregnant / breastfeeding ☐ yes ☐ no

Contact lenses ☐ yes ☐ no

Allergies / sensitivities _____

Medication _____

Skin conditions _____

Diabetes / blood thinners _____

PATCH TEST

DATE	PRODUCT / BATCH	RESULT

TREATMENT RHYTHM

Usually comes every … weeks _____ Next visit due approx. _____

WISHES & NOTES

CONSENT

I agree that my details are kept for the purpose of my treatments. I will tell the salon about any change in my health.

☐ Before/after photos may be taken for my client record.

Date _____ Signature _____

Template from Mobies – the shop book for iPhone · mobies.vercel.app

Visit history

NAME: ______________________

DATE	TREATMENT	PRODUCTS / COLOUR / BATCH	GAP (WEEKS)	NEXT DUE APPROX.	NOTES	PRICE