Beauty Salon Client Intake Form

vaktimce

Fill in for every new client; add a line to the treatment history after each visit.

Client details

Full name

Date registered

Phone

Email

Date of birth

How did they hear about us?

Address (optional)

Treatment and health notes

Skin type: ☐ Normal ☐ Dry ☐ Oily ☐ Combination ☐ Sensitive

Allergies / sensitivities

Medication or ongoing treatment (if shared by the client)

Preferred / avoided products

Preferred specialist and special notes

Treatment history

Date	Service	Specialist	Amount	Products used	Notes / next visit

Consent

☐ I have read the privacy notice and agree to my details being processed to provide the service.

☐ I'd like to receive offers and reminders (optional).

Client signature

Date

Health information is sensitive personal data; record it only with the client's explicit consent and store it securely. To keep this form digital: vaktimce.com — a client card is created automatically with every booking.