

CLIENT DETAILS			NEW	EXISTING	ATELIERHAIR			
First Name:		Surname:		Date of Birth:				
EMAIL:				GENDER:	M	F	Other	
ADDRESS:	Unit/Street No	Street						
	State	Postcode						
PHONE:	Home		Mobile			Other		
PREFERRED CONTACT METHOD	SMS	Mobile	Home Phone	Email	Other	Please specify		
OCCUPATION:								
PREFERRED STYLIST(S):								
DO YOU HAVE ANY ALLERGIES OR SKIN SENSITIVITIES	NO	YES	If yes, please detail					
DO YOU HAVE ANY HAIR CONCERNS?	NO	YES	If yes, please detail					
WHAT ARE YOU HAIR GOALS?	Grow hair	Transition to shorter	Colour lighten	Colour darken	Healthier hair	Other – please detail below		
OTHER HAIR GOAL DETAILS:								
WHAT PRODUCTS DO YOU LIKE TO USE?								
<p>Atelier Hair only collects your information to ensure we provide you with a quality and tailored experience. We maintain your information in a secure salon booking system. We will never pass your details onto any other person(s) including third parties. We will contact you to confirm upcoming appointments and from time to time may contact you about our products and services.</p>				Signature:				
				Date:				

OFFICE USE ONLY:	Date Entered :		Entered by:	
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