



IMAGO- A SALON FOR HAIR
Client information sheet
(Please print clearly)

Date : _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

PHONE NUMBERS, (2 PLEASE):

(circle one) Home Mobile Work _____
(circle one) Home Mobile Work _____

Email address to receive our last minute openings: _____

How did you hear of Imago?

Word of Mouth City Search Yahoo MSN Google

Current Imago Client (Imago Client) _____

Other _____

Birthday Month and Day only (____/____)

Is there anything you would like us to know regarding your haircut and/or color history (good, bad and the ugly)? _____

Have you had any allergic reactions to any hair products or color?

What products are you using on your hair now? (please be detailed, brand, type, etc.)

Why did you leave your last stylist? (no names please) _____

We must receive at least 24 hours cancellation notice for cut appointments and 48 hours cancellation notice for color/perm/relaxer appointments. When appointments are changed or canceled outside this timeline the full service charge will be accessed. The same applies to clients that do not show up for their appointments. Thank you for your anticipated cooperation. The staff at Imago and clients on our waiting list appreciate your consideration and understanding.