

Welcome to b.LUXE Hair and Makeup Studio, your one-stop beauty destination! We're so excited to offer you our Client 365 Plan, an individualized blueprint to help us give you your dream hair. We'll identify your goals, document your past experiences (both good and bad), gather reference photos, and establish a clear service map to follow for the upcoming year. This plan will be your first step toward achieving your desired look, and we promise to be with you every step of the way! Our aim is to provide you with the best hair experience you've ever had! If you find yourself needing more space to write, please continue writing your response on the back.

1. Personal Information			
Name:	Age (optional, but age can be a determ	nining factor in hair health):
Cell Phone:	Alternate Phone:	Email .	Adress:
Home Address (we regularly send out promotions & custom	ner appreciation mailings):		
2. Hair History			
a. Is your hair currently chemically/color trea	ited? Yes No		ly get your hair cut?
b. Have you ever chemically treated your ha	ir? Yes No	f. How often do you typicall	y get your hair colored?
c. If yes, please provide details (e.g., coloring	g, perming, straightening): _		
your hair may contain these chemicals ensu	y metals in box hair dye can	be catastrophic when combined	with salon-quality hair color. Letting us know that ng results)
3. Current Hair Status:			
a. Hair Type (e.g., straight, wavy, curly):	c. Hair Thickness (e.	.g., thin, medium, thick): e.	Regular Moisture Level (e.g., dry, oily, damaged):
b. Hair Lenght (e.g., short, medium, long):	d. Hair Texture (e.g.,	., fine, coarse):	
4. Desired Hair Goals a. What is your main hair goal? (e.g., length,	volume, texture, color):	c. Please describe b	elow what you would like your hair to look like
		and bring a few scre description.	eenshots to show your stylist examples of your
b. Are there any specific styles or looks you	are interested in?		
5. Previous Hair Experiences: a. Have you had any positive or negative ex a hair experience.) If yes, please provide de		s in the past? Yes No (This hel	ps us understand what you love/don't love about
6. Hair Wish List a. Are there any specific hair products or tre Deep Conditioning Treatments, Scalp Spa T		, , , ,	or crips a fair conversation with your
b. Do you have any specific concerns or per	sonal requests regarding yo	our hair?	
8. Do you have any allergies that you	would like to make us av	ware of?	_
9. Additional Notes: Is there anything els	e you would like to share at	bout your hair or hair preferences	?

Thank you for taking the time to complete this survey. Your answers will be uploaded to your Customer 365 Plan to help us better understand your hair needs and provide you with the best possible service in the year to come.

We look forward to the upcoming 365 days! The b.LUXE Beauty Team