Client record card

Beauty studio

Name

Phone

Email

Birthday (optional)

Skin type

Appointment reminders by ☐ Email ☐ SMS

Allergies and intolerances

I agree that my information about allergies and intolerances may be recorded for my treatment. I can withdraw this consent at any time.

Date, signature

Notes

Treatment history

Date	Service	Products	Skin condition, reaction	Done by

Salon Wizard
salon-wizard.com

Make room for your talent.
Blank template - adapt to your own business before use.