HAIR HOLISTIC
REGISTRATION FORM
(Please Print)

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Today's date:	

PATIENT INFORMATION

last name:* First: Middle:				CELL PHONE* CELL PROVIDER *		
PERMANENT FL RESIDENT? ❑ Yes ❑ No	STATE	CITY	Birth date: / /	Age:	Sex: ❑ M ❑ F	
Street address:			Home phone no.: ( )			
P.O. box:	City:	State:	ZIP Code:			
Occupation:	EMAIL*					

Referred to by* NATURAL AWAKENING S ❑ BROWARD ❑ P.BEACH

❑ Family ❑ Friend ❑ Close to home/work ❑ INTERNET ❑ Other

Other family members seen here:

ALLEGIES & CONCERNS

pregnant	❑ Yes ❑ No	Post-partum ❑ Yes ❑ No	lactating ❑ Yes ❑ No	Fragrance or smells sensitive ❑ Yes ❑ No		
Gluten intolerance	❑ Yes ❑ No	Sun exposure ❑ Yes ❑ No	swimming ❑ Yes ❑ No	hard or well water ❑ Yes ❑ No ❑ ?		
HENNA	❑ Yes ❑ No	Keratin ❑ Yes ❑ No [	brand name	color] ❑ Yes ❑ No	relaxer ❑ Yes ❑ No	perm ❑ Yes ❑ No
Vitamins	❑ Yes ❑ No					
Thyroid issues	❑ Yes ❑ No	Hot flashes ❑ Yes ❑ No	sweat ❑ Yes ❑ No	mineral deficiency ❑ Yes ❑ No	iron deficiency ❑ Yes ❑ No	anemia ❑ Yes ❑ No
Hair loss –thinning -shedding ❑ Yes ❑ No		Dandruff ❑ Yes ❑ No	Dermatitis ❑ Yes ❑ No	Dry scalp ❑ Yes ❑ No	Oily scalp ❑ Yes ❑ No	Psoriasis ❑ Yes ❑ No	rosacea ❑ Yes ❑ No
Any medical Condition	❑ Yes ❑ No				❑ Other		
Medications? ❑ Yes ❑ No						

Allergies ❑ Yes ❑ No / explain:

Some MEDICATIONS & VITAMINES MAY INTERFERE WITH THE SALON SERVICES and produce hair thinning & shedding
Among the medications that list hair loss as side effect are anti-clogging drugs, birth control, antidepressants ,menopause, antibiotics cholesterol lowering, on-steroidal anti-inflammatory drugs

signature *Date*

Turn page and check for more notes: