

**LAURA LEE HAIR MAKEUP IMAGE**

lauraleeartist@gmail.com ♦ (303) 525-3244 ♦ www.LauraLeeHairArt.com ♦ Denver CO USA

CONFIDENTIAL, SHORT CLIENT INFORMATION FORM

Printed name \_\_\_\_\_ Date \_\_\_\_\_

Birth date \_\_\_\_\_ Website \_\_\_\_\_

Contact Numbers (please ✓ preferred number for calls, messages and reminders:

\_\_\_ Cell \_\_\_\_\_ \_\_\_ Landline \_\_\_\_\_ \_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Please ✓ how you were referred to LAURA LEE HAIR MAKEUP IMAGE:

\_\_\_ Website \_\_\_ Personal referral \_\_\_ Media ad \_\_\_ Other: \_\_\_\_\_

**GOOD FAITH HOLD HARMLESS AGREEMENT**

Voluntary answers to the following questions aids in determining the appropriateness of services and products used during your appointment. By signing below you acknowledge LAURA LEE FRY is a licensed cosmetologist conducting business as an independent contractor, carries professional liability insurance, and thus practices certain protocols and procedures. Parent/guardian must sign in person at time of services for minors.

Are you currently under the care of a Licensed Health Professional \_\_\_Yes \_\_\_No

List 3 known allergies or sensitivities to food: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

List 3 known allergies or sensitivities to nutritional supplements:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

List 3 known allergies or sensitivities to medications: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

List 3 known allergies or sensitivities to cosmetics: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please initial the following statements:

\_\_\_ I am voluntarily providing confidential information regarding health, allergies, and sensitivities.

\_\_\_ I understand Laura Lee may refuse services based on information provided on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Minor's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian printed name & signatures \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Laura Lee Fry signature \_\_\_\_\_ Date \_\_\_\_\_

DETAILED INFORMATION ABOUT HAIR, SKIN, MAKEUP, & WARDROBE

What are your Beauty/imaging goals?

Hair \_\_\_\_\_

Makeup \_\_\_\_\_

Skin \_\_\_\_\_

Wardrobe \_\_\_\_\_

List the products that work the best for you:

Hair \_\_\_\_\_

Skin \_\_\_\_\_

Makeup \_\_\_\_\_

List the products that do not work:

Hair \_\_\_\_\_

Skin \_\_\_\_\_

Makeup \_\_\_\_\_

Comment on the BEST haircut you've experienced: \_\_\_\_\_

Comment on the most dismal haircut you've experienced: \_\_\_\_\_

Year/grade of your BEST school photo (why?) \_\_\_\_\_

**NOTE:** Please share a bit of your history and preferences by bringing along a few photos of yourself and magazine or catalogue clips of hair, makeup, and fashion 1) you love 2) you dislike 3) love but wouldn't wear in public.

**FASHION PROFILE**

Please ✓ your preference for styles that:

\_\_\_Feel natural/comfy \_\_\_Look right \_\_\_Both \_\_\_Neither \_\_\_Depends on my mood

On average, how much time do you spend daily on hair, makeup and wardrobe?

\_\_\_Less than 15 minutes \_\_\_15 - 30 minutes \_\_\_30 - 45 minutes \_\_\_More than 45 minutes

Would you consider yourself more:

\_\_\_Dramatic/trendy \_\_\_Classic \_\_\_Bohemian/flowing \_\_\_Natural

Would you consider yourself more:

\_\_\_Visual \_\_\_Kinesthetic/tactile \_\_\_Abstract \_\_\_Auditory

Rate the following phrases on a scale of **ONE** to **FOUR**, with **1= MOST** true and **4 = LEAST** true (for you!):

<input type="checkbox"/> Comfort first	<input type="checkbox"/> Fun & easy	<input type="checkbox"/> Sophisticated	<input type="checkbox"/> Flowing
<input type="checkbox"/> Like being noticed	<input type="checkbox"/> Put-together	<input type="checkbox"/> Soft makeup	<input type="checkbox"/> Minimal makeup
<input type="checkbox"/> LOVE being noticed	<input type="checkbox"/> Bold accessories	<input type="checkbox"/> Same makeup always	<input type="checkbox"/> Change makeup
<input type="checkbox"/> Eclectic accessories	<input type="checkbox"/> Dislike accessories	<input type="checkbox"/> Follow rules	<input type="checkbox"/> Experiment
<input type="checkbox"/> Delicate accessories	<input type="checkbox"/> Appreciate symmetry	<input type="checkbox"/> Break rules	<input type="checkbox"/> Make new rules

### COLOR ANALYSIS

Have you had a color analysis?  Yes  No  Sort-of

Would you consider your skin tone:  Warm  Neutral  Cool  Can't tell

Do you prefer to wear:  Brights  Pastels  Both  Neither

Do you prefer to wear:  Darker tones  Lighter tones  Both  Neither

Do you prefer to wear:  Higher contrast  Mid-tones contrast  No contrast (monochromatic)

Which jewelry tones do you prefer?

Yellow gold  White gold  Silver  Platinum  Mix & match  Street fair art

List THREE colors you wear most often:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### QUICK SKIN CHECK

How would you classify your skin? (✓ any that apply)

Normal  Active (oil & perspiration)  Combination  Dry  Aging  Damaged  Excellent

List three skin products you use every day:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Which types of hair removal systems/products do you prefer? (✓ any that apply)

Tweeze  Wax  Depilatory  Razor  Clipper  Electrolysis  Laser  None  Other: \_\_\_\_\_

Would you consider having, or have you had corrective or enhancement cosmetic procedures?

Yes  Maybe  No  Never

## HAIR TYPE & CONDITION

Place a ✓ where you rate the DIAMETER of your hair measured in microns ("normal" is center):

Fine \_\_\_\_\_ ^ \_\_\_\_\_ Course

Place a ✓ where you rate the curl pattern of your hair ("normal" is center):

Straight \_\_\_\_\_ ^ \_\_\_\_\_ Dread locks

Has the curl pattern in your hair changed?

\_\_\_Not at all \_\_\_Some \_\_\_Lots

Does your hair FRIZZ?

\_\_\_No \_\_\_Not so much \_\_\_A lot \_\_\_NA

Does frizz annoy you?

\_\_\_No \_\_\_Not so much \_\_\_A lot \_\_\_NA

Is your hair FLAT?

\_\_\_No \_\_\_Not so much \_\_\_A lot \_\_\_NA

Does flat annoy you?

\_\_\_No \_\_\_Not so much \_\_\_A lot \_\_\_NA

Does your hair POUF?

\_\_\_No \_\_\_Not so much \_\_\_A lot \_\_\_NA

Does pouf annoy you?

\_\_\_No \_\_\_Not so much \_\_\_A lot \_\_\_NA

## HAIR COLOR

Place a ✓ where you rate the LEVEL of your NATURAL haircolor (1= Black; 6 = Dark blonde; 10 = White)

\_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5 \_\_\_6 \_\_\_7 \_\_\_8 \_\_\_9 \_\_\_10

When you were a child, did your hair sun bleach to:

\_\_\_Tow head \_\_\_Golden \_\_\_Red \_\_\_Bronze \_\_\_No

Place a ✓ where you rate the % of grey in your hair?

0% \_\_\_\_\_ ^ \_\_\_\_\_ 100%

If you see any grey hair, please place a ✓ the ratio of "salt" to "pepper": (The center mark represents 50/50.)

Low % of White/silver/salt \_\_\_\_\_ ^ \_\_\_\_\_ High % of White/silver/salt

How often do you shampoo? \_\_\_\_\_

How often do you use a clarifying shampoo? \_\_\_\_\_

How often do you deep condition? \_\_\_\_\_

How often do you use a leave-in conditioner? \_\_\_\_\_

Is your hair in a "VIRGIN" state (with no chemical services)? \_\_\_Yes \_\_\_No

If hair is not VIRGIN, list chemical services hair experienced the last year (add more pages if needed):

	DATE	DESCRIPTION	SALON PRODUCT	HOME PRODUCT	RESULTS
<b>COLOR</b>					
<b>BLEACH</b>					
<b>COLOR REMOVER</b>					
<b>PW</b>					
<b>STRAIGHTNER</b>					

Place a ✓ on your DESIRED Level of haircolor (bring pictures): 1= Black; 6 = Dark blonde; 10 = White  
\_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5 \_\_\_6 \_\_\_7 \_\_\_8 \_\_\_9 \_\_\_10

Place a ✓ on your desired TONE of hair color ("neutral" is center). Please bring pictures!  
Warm/Gold \_\_\_\_\_ ^ \_\_\_\_\_ Cool/Ash

Which color highlights do you like MOST?  
\_\_\_Red \_\_\_Orange \_\_\_Gold \_\_\_Yellow \_\_\_Ash

#### ADDENDUM

Answers to the following questions are totally optional:

Do you believe in magic & miracles? \_\_\_\_\_

Do you believe you are beautiful? \_\_\_\_\_

Do you believe in transformation? \_\_\_\_\_

Are you comfortable with the concept of MAKEOVERS as a process? \_\_\_\_\_

**THANK YOU FOR SHARING!**

**LAURA LEE HAIR MAKEUP IMAGE**

303-525-3244  
lauraleeartist@gmail.com