

# HAUTE

HAIR REMOVAL & AESTHETICS

## Client Information Form

### Personal Information

First & Last Name \_\_\_\_\_

Name you prefer to be called? \_\_\_\_\_

What are your pronouns? \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

How did hear about us? \_\_\_\_\_

### Emergency Contact

Emergency Contact Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Emergency Contact Relationship \_\_\_\_\_

### How Can We Help?

Please list all the areas you wish to have treatment on:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_