

# Client Record

## Natural Hair Care

**Section 1:** To be Completed by Licensed Natural Hair Care Practitioner and Initialed by Client (*Please Print Clearly*):

Print Practitioner's Name:

Last:

First:

Natural Hair Care License  
Number:

Exp. Date:

Service Type:

Date:

Service Notes:

Client Initials:

**Section 2:** To be Completed by Client (*Please Print Clearly*):

Print Client's Name:

Last:

First:

MI:

Address:

City:

State:

Zip Code:

Phone: (Home)

(Cell)

Date of Birth: