

Customer forms, form filling, Member Cards



In this unit you are going to learn about

- customer forms
- form-filling
- member cards



Warm-Up

Write down what type of forms beauty salons use.

- _____
- _____
- _____
- _____
- _____



Activity 1

Look at the Client Record Screen below. Then, listen to the dialogue between Zura and a customer. Then fill in the form with the customer's information.



Client Record

Last Name: First Name:

Address:

E-mail: Phone:

Birthday: Occupation:

Allergy: Yes / No Medication: Yes / No

Sport: Yes / No Smoke: Yes / No

Skin Type: oily / dry/normal / combination / sensitive



Activity 2a

Put the words in the correct order to form questions.

While you are filling in a form, you need to ask questions and/or examine your client.

1) your/ What's / name? _____

2) surname / your / What's ? _____

3) do / live / Where / you ? _____

4) address/ What's / e-mail/ your ? _____

5) number / your / phone / What's ? _____

6) your / What's / occupation ? _____

7) any / got / Have / allergies / you ? _____

8) taking/ you / medications/ Are / any ? _____

9) you / do / Do / spots / any / have ? _____

10) smoke / you / Do ? _____

11) skin / your / What's / type ? _____



Activity 2b

Now ask your partner the above questions and fill in the form with her details.

Client Record

Last Name: First Name:

Address:

E-mail: Phone:

Birthday: Occupation:

Allergy: Yes / No Medication: Yes / No

Sport: Yes / No Smoke: Yes / No

Skin Type: oily / dry/normal / combination / sensitive

BEAUTY TIPS

- Rinsing your hair with beer helps restore moisture to your locks.
- For curlier lashes, heat your lash-curler with a hair-dryer for five to eight seconds before curling them.
- Wear sunscreen every day, rain or shine because, 80 per cent of the sun's ultraviolet rays pass through the clouds.
- If you're out of make-up remover, use body lotion to get rid of make-up. It works especially well on tough mascara.



Activity 3

Study the record card below with your teacher. Then, fill in the form for your partner. Ask her/him questions and examining his/her nails.

NailCare Record Card

Surname:..... First Name:.....

Birth Date:.....

Address:..... Postcode:.....

Nail Analysis	Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Thumb	Index	Middle	Ring	Little
	Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Thumb	Index	Middle	Ring	Little

Initial Treatments & Comments:.....

Allergies:.....

I understand that I am responsible for notifying the nail technician of any medication I am taking or of any skin condition or allergies I suffer from before any nail treatment.

Client Signed:..... Date:.....



Activity 4a

Make a list of the information that you think a "Beauty Treatment Client Record Card" should include.

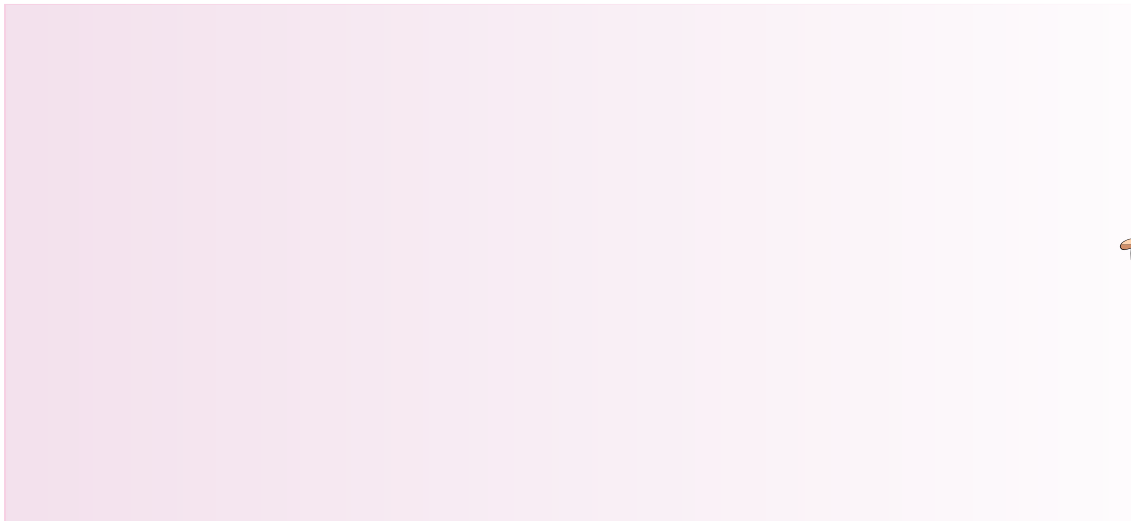
BEAUTY TREATMENT CLIENT RECORD CARD INFO

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____



Activity 4b

Design your "Beauty Treatment Client Record Card".



Activity 5

Listen to the dialogue between Zura and the client. Then fill in the form with the client's information.

Waxing Questionnaire

Name: _____ Date: _____
 Address: _____ City: _____
 State: _____ Date of Birth: _____
 Email: _____

General and Medical Information:

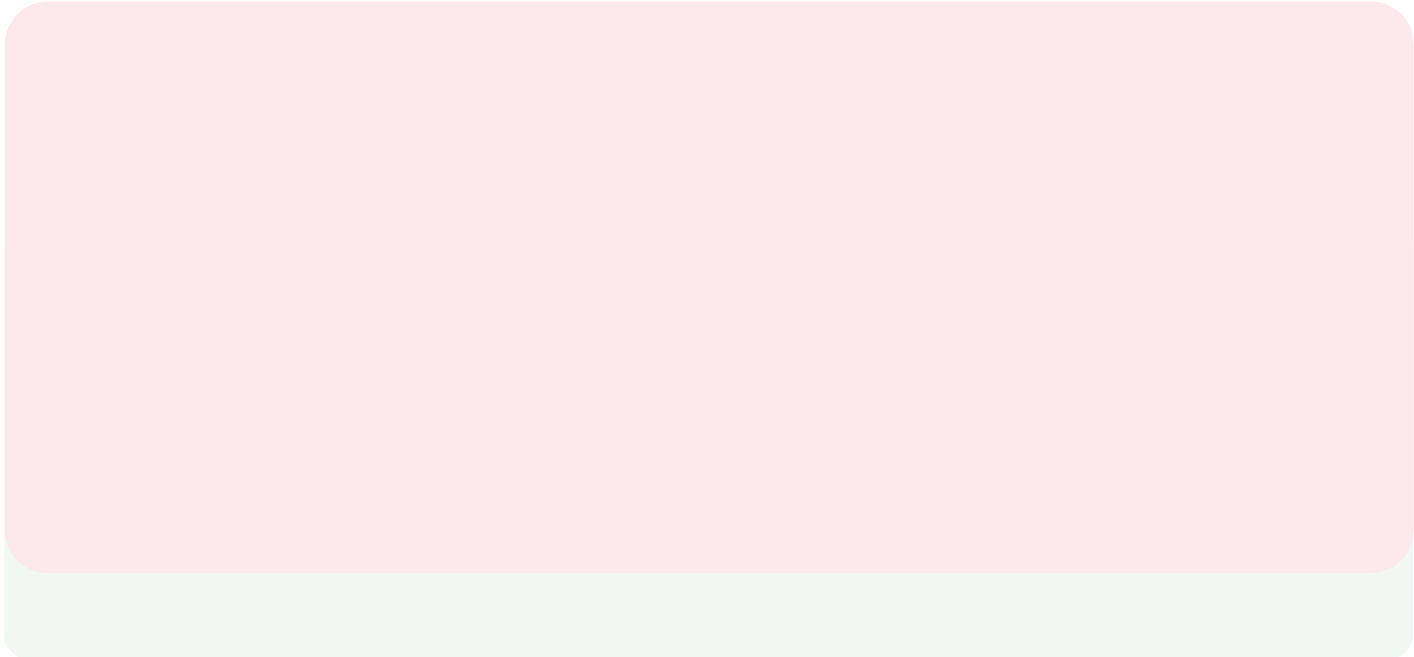
- Are you taking or using any of the following prescription medications?
 Hormonal Replacement Therapy Accutane Retin-A Adapalene Renova Antibiotics
 Hydro-cortisone Heart Medicatians Differin Gel
 Other: _____
- Are you under physician or dermatologist care? YES NO
 If yes, please list symptoms and medications if different from above.

- Are you pregnant? YES NO
 Are you having or due for your menstrual cycle? YES NO
- Are you currently undergoing any of the following procedures?
 Chemical Peels Laser Treatment Facial Surgery Dermabrasion
- Are you currently using any skin-care products containing the the following ingredients?
 Glycolic Acid Lactic Acid Exfoliating Scrubs Hydroxy Acid (AHA)
- Have you had excessive sun exposure in the last 48 hours? YES NO
- During or after a waxing treatment have you ever experienced any of the following?
 Severe Redness Blistering Skin Lifting/Peeling Breakouts

I confirm to the best of my knowledge that the answers I have given are correct and I have not withheld any information that may be relevant to my treatment.

Client Signature: _____ Date: _____





Activity 8

Listen to Zura and write down the advantages of a member card.





Activity 7

Design your own customer form and member card.

