

CLASS 7

Before & After Care

**Consultation
MasterClass**

timely × *Dario*



A screenshot of a mobile app interface. On the left, a purple panel contains an icon of an envelope with a checkmark and the text "Email consultation sent". On the right, a white panel titled "< Consultation form" contains input fields for "First name" (Catherine), "Last name" (Wright), and "Email (optional)" (catherine@gettimely.com). A close button (X) is in the top right corner of the white panel.

Great new ways to send your forms!

Send a form by email - When you send a client a form you now have the option to send via email. Send one of our pre-made templates or build your own in the Consult iOS app.

Automatically send a form - You can now add a form to your SMS reminders to every client. This is a great option for your Covid or Health forms.



[Set it up now](#)



BEFORE CARE

Send a form to the client via
SMS/email, prior to the
appointment

10:41
Messages




AA  bookings-test1a.timely247.com 

details and existing clients to update any information to ensure your records are always correct.

Start

Everyone loves a good massage, and as any good masseur will tell you it can be so much more than a stress reliever. To help you correctly prepare for any massage session we've prepared this Massage Consultation to help you get a detailed picture of your clients medical history and points of concern. Completing this consultation will not only guide you in finding the best options for your client, but also serve as a record of information shared, keeping both you and your client safe through their treatment journey.

Start

< >   



BEFORE CARE

Here's an example of a client receiving a text and filling out a form

Cancel Pre Care Form

We can't wait to see you!

To ensure we're ready for you, please fill out the following Care Form to help us ensure your visit is a pleasurable one.

(optional)

Tap here to select a date

What's your name?

First name First name

Last name Last name

Email address (optional)

SMS Number (+44) (optional)

What are your hair expectations for your visit?

Hair Cut (optional)

☐ Maintenance Cut

☐ Slight Change

☐ Big Change

Hair Colour (optional)

☐ Permanent Colour



BEFORE CARE

Send a form to the client via
SMS/email, prior to the
appointment

Cancel Pre Care Form

What are your hair expectations for your visit?

Hair Cut (optional)

☐ Maintenance Cut

☐ Slight Change

☐ Big Change


Hair Colour (optional)


☐ Permanent Colour

☐ On-Trend Colour

☐ Grey Coverage

What would you like to improve in this visit? Answer

Please upload 2 photos of your hair 

Please upload 1 or 2 photos of hair styles you find inspirational 

(optional)

Complete



BEFORE CARE

Send a form to the client via
SMS/email, prior to the
appointment



EXPERIENCE CARE

On the day of the appointment



Start a consultation

Facial Consultation
Template



Injectables Consultation



Create form

Try the experts

Try a consultation created by one of our experts

Dario Cotroneo

Meet your hair salon client's
expectations

Industry templates

Start with a sample template

Facial Consultation

Help your clients put their best
face forward

Aesthetics Medical History
and Consultation

Start your treatment plan with the
full picture.

Massage Consultation

Take the stress out of massages

Consent Form for
Beauty Records

Start your client's journey on the
right page

Client Intake Form

Create and update your
client records

Cosmetic Injectables
Treatment Record

Detailed record for
injectable procedures

 **timelyconsult**

CUSTOMISABLE FORMS

Cancel New template Preview Save ⚙️

Search questions

- Short Answer**
Ask a question with a short answer
- Long Answer**
Ask a question with a longer answer
- Heading**
Create a heading for a section
- Checkbox**
Ask to confirm something
- Choose from List**
A list of options that can be ticked
- Drawing**
Draw on an image or a photo
- Signature**
Ask for a signature
- Date**
Ask for a date
- Text Block**
Add a paragraph without a question

Client details

Client details now sync automatically to Timely. [Learn more.](#)

Heading

Welcome to Dario Salon, please fill out this for, so we can understand your needs and give you a fabulous hair experience.

Name

First name First name

Last name Last name

Email

Email address

Mobile number

SMS Number

Short Answer

Question

Long Answer

Question

Signature

Question

timelyconsult

Offer a seamless experience,
and reduce paper and admin

What are your hair expectations for your visit?

Hair Cut (optional)

☐ Maintenance Cut

☐ Slight Change

☒ Big Change

Hair Colour (optional)



☐ Permanent Colour

☒ On-Trend Colour



☐ Grey Coverage

What would you like to improve in this visit? I would love a big change with my length

Please upload 2 photos of your hair

Please upload 1 or 2 photos of hair styles you find inspirational



EXPERIENCE CARE

On the day of the appointment

Cancel Scope of work

What's your name?

First name Sam

Last name Williams

Let's recap on what we've agreed you're having today

Haircut to have a lob with weight removed underneath.
Blonde colour to be darker to protect my hair condition.
Treatment to make my hair feel better.

What would you most like to improve

Haircut & colour + condition

Quote \$880

Time 6 hours

What type of experience would you prefer? (optional)

☒ Conversation

☐ Time out



EXPERIENCE CARE

On the day of the appointment

Cancel Scope of work

How often do you visit the salon for maintenance? (optional)

☐ 3-5 weeks

☒ 6-8 weeks

☐ 10-12 weeks


☐ Every 6 months

☐ Once a year

Is there anything you'd like us to know before we start?
I.e. specific budget, or when you need to leave the salon by (optional)

I want my hair to look expensive

Signature (optional)

☒ 

Please sign in the box above [Clear](#)

Complete



EXPERIENCE CARE

On the day of the appointment





Cancel After service sign off

What's your name?

First name Sam


Last name Williams

We hope you're happy with your service today. Please let us know if not.

☒ Yes

☐ No

Signature (optional)



Please sign in the box above [Clear](#)

Complete



EXPERIENCE CARE

On the day of the appointment



Done

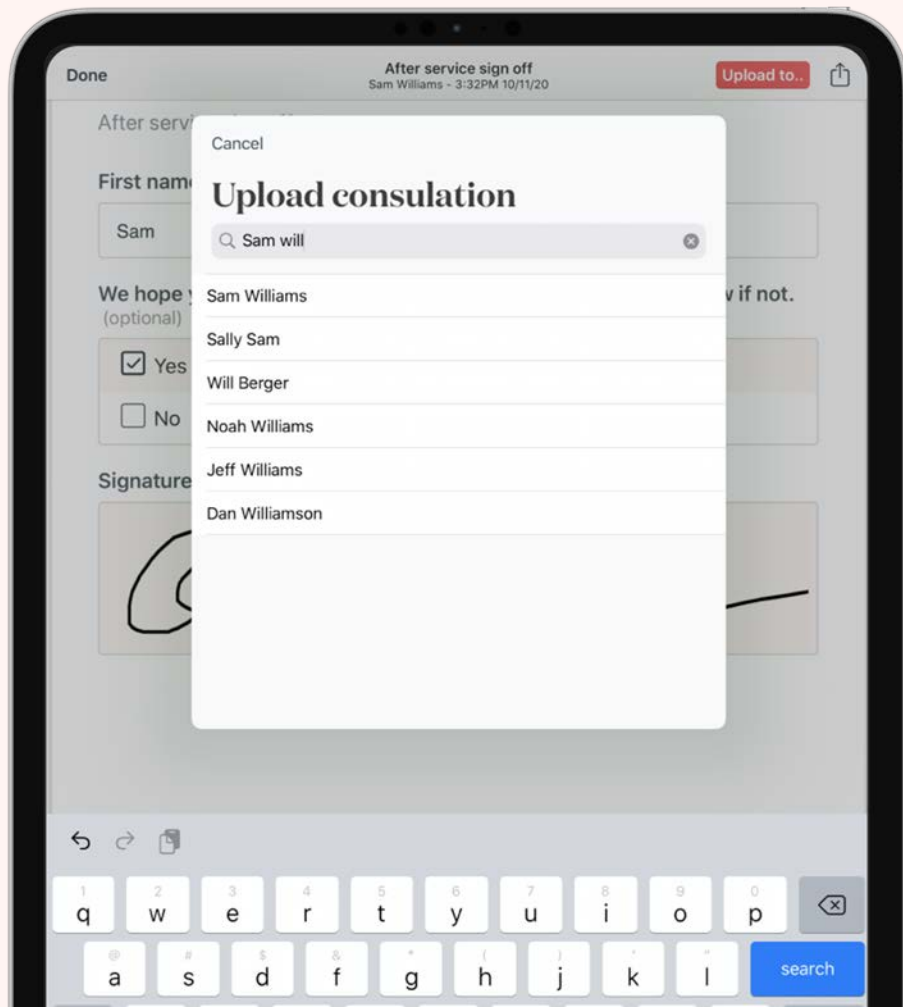
Thank you!

Please return to staff



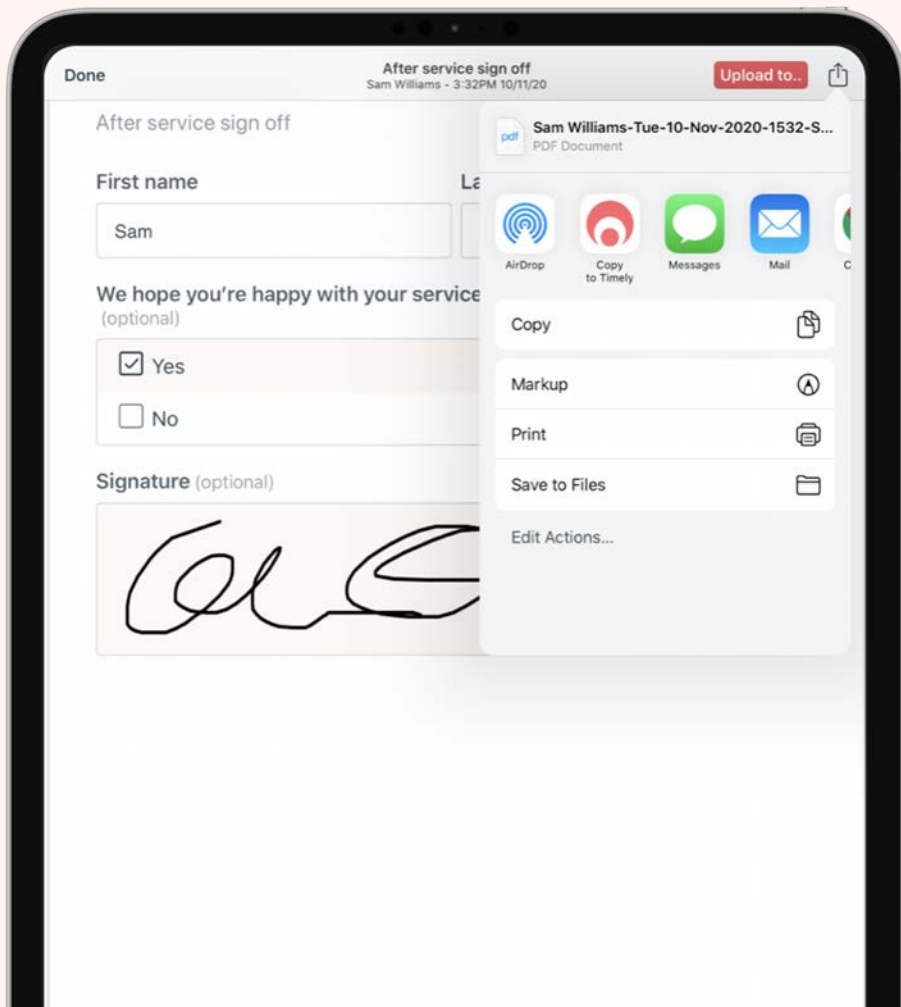
EXPERIENCE CARE

On the day of the appointment



The logo for "timelyconsult" features a circular icon with a stylized 't' inside, followed by the word "timelyconsult" in a lowercase, sans-serif font.

Sync the consultation to a
client record in Timely



The logo for 'timelyconsult' features a circular icon with a stylized 't' followed by the word 'timelyconsult' in a lowercase, sans-serif font.

Sync the consultation to a
client record in Timely

Cancel After Hair Care

Thank you for your visit


We truly hope your visit last week met your expectations.

We'd love to see a picture of how your hair is doing since your last visit.

What's your name?

First name First name

Last name Last name

Would you mind? Please upload a photo of yourself to show us how your hair looks after you've styled it? 

Complete



AFTER CARE

This form is emailed to the client
one week after the appointment

Cancel After Home Care

We thought you would appreciate this update to ensure your style stays healthy and sustainable, we recommend the following home care.

What's your name?

First name Sam

Last name Williams

Shampoo & Conditioner (optional)

Product 1 & 2

Styling (optional)

Step 2: Product 2

Step 3: Product 3

Extra Comments

Below is where we recommend you apply your styling products

Thank you for taking the time to fill this in. We love what we do and we care about you.



AFTER CARE

This form is emailed to the client
2-4 weeks after the appointment

CLASS 8

What's next?

**Consultation
Masterclass**
Dario Cotroneo

WEDNESDAY 25TH NOVEMBER
8AM GMT. 7PM AEST. 9PM NZT

