

CLIENT CONSULTATION FORM

PERSONAL INFORMATION

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Optional Information

Significant Other's Name _____

Birthday (MM/DD) _____ Anniversary _____

Are you interested in receiving e-mails on our special offerings?

Yes _____ No _____

MEDICAL HISTORY

THESE QUESTIONS ARE VITAL IN PROVIDING SAFE AND EFFECTIVE SERVICES

Health conditions: Please check all that apply.

___ Pregnancy ___ Diabetes ___ Heart Conditions ___ Varicose Veins

___ High Blood Pressure ___ Arthritis ___ Stroke ___ Skin Disease

___ Fungal Infection (on hands and feet) ___ Other _____

Allergies? ___ Yes ___ No

(If yes, explain) _____

List any other medical conditions of which we need to be aware of such recent surgeries:

Medications and Treatments: Please check all that apply.

___ Blood Thinners ___ Antibiotics ___ Steroids ___ Radiation Treatment

___ Chemotherapy ___ Other _____

Client safety is of the utmost important when providing any type of service, and we care for you.

CLIENT CONSULTATION FORM

LIFESTYLE EVALUATION

Occupation _____

What type of work do you perform using your hands each day?

Are your hands submerged frequently in water? _____ Yes _____ No

Do you participate in sports? _____ Yes _____ No

If yes, what type of sports do you enjoy? _____

What other types of activities or hobbies do you take part in?

Do you do household cleaning, gardening or dish washing by hand? _____ Yes _____ No

If yes, do you wear gloves? _____ Yes _____ No

Do you take steps at home to care for your hands? _____ Yes _____ No

If yes, what steps do you take and what products do you use?

Do you take steps at home to care for your feet? _____ Yes _____ No

If yes, what steps do you take and what products do you use?

CLIENT RELEASE STATEMENT

*I have read, understand and completed this questionnaire truthfully. I understand that withholding information or providing misinformation may result in undesired results and/or **irritation to the skin or nails** from services received. The services I receive here are voluntary, and I release this business and/or nail technician from liability and assume full responsibility thereof.*

Signature _____ Date _____