

Nail Services: Client Information Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

1. Have you ever had a professional manicure or pedicure before? _____
2. How did you hear about our services? _____
3. Referred By: _____
4. Are you currently taking any medications? If so, please list: _____

5. Are you currently diagnosed with any of the following conditions?
 Diabetes Heart Disease Thyroid Problems
 Circulatory Disease Hypertension Cancer
 Muscular Disease Allergies HIV/AIDS
 Pregnancy Blood Disorders Other
6. Do you have a history of picking or biting at your nails or cuticles?
 Always Sometimes Rarely Never
7. Have you ever had an allergic reaction to any type of nail enhancement or other nail related product? If yes, please explain: _____
8. Have you ever experienced a nail or fungal infection of any sort? If yes, please explain: _____
9. Please note that some treatments are contraindicated if you have minor or severe health problems/issues and/or communicable or contagious conditions. These may include Athletes Foot or Fungus, Diabetes, Numbness or Tingling in limbs, Blood pressure problems, circulatory disorders, etc. It is very important to disclose any and all information about your personal health with your practitioner. Nail services cannot be performed if you have or think you may have: Athletes Foot/Fungus, Open sores or any other communicable skin disorder.

I have answered the above questions fully and honestly.

Customer Signature: _____ Date: _____