Client Consultation Form

Welcome! To best serve you during today's appointment, please complete the following information.

Contact Information

Name_____

Address _____

City, State, and Zip _____

Primary Daytime Phone (____)_____ Other Phone (____)_____ Email _____

How did you hear about me? _____

Do you have any special requests for your treatment today? _____

Health History

Do you have any of the following conditions? ❑ Diabetes ❑ Cancer ❑ Circulatory Problems
(If yes, please consult your nail technician. Certain services may not be suitable, or may need to be adapted for your safety.)

Have you ever had an adverse reaction or known allergy to products, treatments, or chemicals used on your nails and/or skin?
❑Yes ❑ No If yes, please describe in detail. _____

_____

Are you currently experiencing any symptoms of a fungal infection of the skin, such as peeling, scaling, bumps, rash, redness, itching, burning, or sores? ❑Yes ❑ No If yes, please describe medical or over-the-counter treatments you are using. _____

_____

Do you currently have any open wounds, broken blisters, or have recently had surgery on your hands, forearms, feet, or lower legs?
❑Yes ❑ No If yes, please explain. _____

_____

(Women) Are you currently pregnant? ❑Yes ❑ No

Policies and Waiver

Rescheduling: A 24-hour notice is required to reschedule or cancel an appointment, or you will be charged in full for the appointment. Payment is due before your next appointment.
Tardiness: Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Type of service may have to be modified to respect the technician and other client schedules. Please arrive at least 5 minutes before your appointment.

It has been explained to me that the service/s I am requesting may include potential risks, such as allergic, chemical, or other adverse reactions, which might cause discomfort, illness, or injury. I voluntarily release the nail technician performing this service and the place of business from any and all liability for any harm, injury, illness, damage, claims, discomfort, demands, action, and causes of action. I agree to the service and will not hold (nail technician name)_____ or (business name)_____ responsible for any undesirable outcomes.

I understand, have read, and truthfully completed this questionnaire. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin or nails from treatments received. The treatments I receive here are voluntary and I release this institution and/or nail professional from liability and assume full responsibility thereof. I understand and accept the salon policies.

_____ _____

Client Signature **Date**

Tech Signature _____ Date _____

Treatment Record

Date	Service	Nail Shape/Condition	Products Used	Tech Name	Notes

Treatment Record

Date	Service	Nail Shape/Condition	Products Used	Tech Name	Notes