

New Client Questionnaire

For us to serve you at our very best, we need to know you better.

Please fill out the following information.

Thank you.

Date _____ Service you are here to receive _____
Name _____ Occupation _____
Is this your first time to our salon? _____ If so, how did you hear about us? _____
Address _____ City/State/Zip _____
Preferred Contact telephone number _____ Email _____
Have you ever had a pedicure before? _____ If so, when was your last pedicure _____

General Health

Are you currently on any medications? _____ If so, for what reason? _____

Are you currently under a physician's care? _____ If so, please discuss this with your technician.

Are you pregnant? _____ Do you smoke? _____ Are you allergic to beauty products? _____

Please tell us of any acute or chronic illnesses below so we can provide you with a safe and appropriate service: _____

Please circle any medical problems you have or have had: _____ **Are you using/taking:** _____

Blood Pressure (Low or High)	Kidney problems	Antibiotics
Cold hands and feet	Tuberculosis	Hormones/HRT
Varicose Veins	Anemia	Blood Thinners
Arthritis, Tendinitis, Bursitis	Hepatitis A, B, C	Chemotherapy
Cancer	Diabetes (1 or 2)	Skin Treatment
Circulatory problems	Fibromyalgia	Medications
Heart problems	Stroke	
Stress related illness	Thyroidism (Hypo, Hyper)	
HIV/AIDS	Scoliosis	
Osteoporosis	An Autoimmune disease	
Skin disease of any kind	Covid19	
Other Illness important to your care?	_____	_____

Manicure/Pedicure Services:

Are your nails healthy? ___ Dry? ___ Brittle? ___ Thin? ___ Thick? _____

Is the skin on your hands dry? ___ Sensitive? ___ Irritated? ___ Age spots? _____

Have you worn enhancements recently? _____ If so, what kind? _____

Do you have any pain in your hands or feet? _____ If so, where? _____

Do you have excessive calluses? ___ Do you treat them at home? ___ If so, how? _____

_____ Do your feet hurt? ___ If so, Where? _____

_____ Do your feet swell? ___ Ankles? ___ Legs? _____

Do you have any health or foot problems your Nail Technician should know about? _____

If so, what are they? _____

All appointments are guaranteed by a credit card. If you cancel an appointment 24 hours or more before the appointed time, no charges will be added to your card. Not coming to an appointment with no notice preventing others from scheduling at that time will result in a 100% charge to the card of the service for which you were scheduled.

Signature _____ Date _____

In case of emergency please notify _____ phone# _____