

## Manicure & Pedicure Confidential Client Intake Form

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about "Cosmic Touch Massage & Nails"? \_\_\_\_\_

When was your last professional manicure or pedicure? \_\_\_\_\_

How often do you receive professional manicures and pedicures? \_\_\_\_\_

What products do you frequently use on your hands and nails? \_\_\_\_\_

How long does your polish stay on your fingernails or toenails? \_\_\_\_\_

Do your nails Split Peel Crack Break (Please circle all that apply)

Are your nails Too Soft Too Hard (Please circle whichever applies)

Are your cuticles ever Dry Torn Swollen Red (Please circle all that apply)

Do you have: Calluses Corns Ingrown Nails Warts Athletes Foot (Please circle)

Does the skin on your hands or feet ever Crack Break Open Bleed (Please circle)

What do you want to improve On your hands, feet, and nails? \_\_\_\_\_

Do you have: Open Wounds Cuts Sores Bruises Tenderness (Please circle)

Are you diabetic? Y or N

Are you pregnant? Y or N

If you have or ever had a nail infection... please explain: \_\_\_\_\_

If you have ever been diagnosed with an infectious disease ( HIV positive, Hepatitis A or B, etc.) Please Explain \_\_\_\_\_

Please list any known allergies? (food, medicine, environment, scents, etc.... We do use some nut based oils) \_\_\_\_\_

Please list any medications: (to include oral, topical, blood thinners, pain relievers, etc.) \_\_\_\_\_

***Please Read and Sign:*** I attest that I have answered all the medical questions truthfully and completely, and I understand that Cosmic Touch Massage & Nails reserves the **right to deny service to any client due to disease or potential contamination of service area. I've been informed that 24 hours notice of cancellation of services is required or I will be charged for all missed services. Furthermore, I will be responsible for informing the nail technician of ANY and ALL future changes to this form.**

Signature \_\_\_\_\_ Date \_\_\_\_\_