**Manicure and Pedicure Consultation**

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How did you hear about us?\_\_\_\_\_\_\_\_\_\_

**Please tick any of the below that may apply to you:**

Open wounds ( ) Pregnancy ( ) Allergies ( )

Asthma ( ) Veruccas ( ) Eczema ( )

Epilepsy ( ) Cold Sores ( ) Rashes ( )

Psoriasis ( ) Sunburn ( ) Recent Scars ( )

Conjunctivitis ( ) Impetigo ( ) Ringworm ( )

Burns ( ) Diabetic ( )

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| --- | --- | --- | --- |
| Date |  | Treatment |  |
| Nail Shape |  | Nail Finish/Colour |  |
| Clients Sign |  | Therapists Sign |  |

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| --- | --- | --- | --- |
| Date |  | Treatment |  |
| Nail Shape |  | Nail Finish/Colour |  |
| Clients Sign |  | Therapists Sign |  |

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| --- | --- | --- | --- |
| Date |  | Treatment |  |
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