Manicure and Pedicure Consultation

Client Name:____DOB:________________

Address:____

____Postcode:_____________

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	( )		

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

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