## **Manicure and Pedicure Consultation**

Client Name:		DOB:				
Address:						
				Postcode:		
Phone Number:	E	E-Mail:				
Occupation:		How did you hear about us?				
Please tick any o		hat may apply to	you:			
-		Pregnancy	( )	Allergies	<i>(</i> )	( )
Asthma	. ,		( )	Eczema	( )	
Epilepsy Psoriasis	( ) Cold Sores ( ) Sunburn		( )	Rashes Recent Scars	( )	( )
Conjunctivitis	( ) Impetigo		( )	Ringworm		( )
•		Diabetic ( )		Miligworiii		( )
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