

The Foot Lady LLC Mobile Nail Tech
Client Consultation Form

Name:

Address: (Street) _____ (City)

(State) _____ (Zip) _____ Birthday (Month and Date):

Home Phone: (_____) _____ Mobile: (_____)

Work: (_____) _____ Ext: _____ Email:

How would you prefer we contact you? #1 _____ #2

What services brought you into the salon?

Do you have any condition that could affect service options, such as allergies, diabetes or other circulation disorders, slow healing, sensitivity to any cosmetic ingredients? Please explain.

How would you like your nails, hands, and feet to be different than they are today?

What services have you enjoyed in the past?

How did you find out about us?

Are you preparing for a special occasion?

What is your activity level/occupation?

Do you play any sports that take a toll on hands or feet?

What products do you use on your hands, nails, and feet?

Do you have any special concerns you would like to discuss?

Additional information:

All information will be held in confidence. We will not divulge your info to any other parties. You are not obligated to answer any questions that make you uncomfortable. We respect your time and strive to be timely, in the rare instance when we may be running late we will try to contact you; we ask that you do the same. If you are unable to keep an appt please call at least 24 hours in advance to cancel. Thank you for your patronage. We promise to always do our best to give you beautiful and healthy fingers and toes - so please let us know if there is ever anything else we can do to improve our services!