



## Manicure | Pedicure Consultation Form

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Whom may we thank for your referral? \_\_\_\_\_

### CHECK ANY THAT APPLY TO YOU:

Arthritis  High Blood Pressure  Diabetes  Cancer  Hypertension

Infectious Disease  Pregnancy  Allergies (nuts,oils,latex,etc.)

Any other medical condition not mentioned that could interfere with the treatments you are about to receive Please describe all allergies and above items checked:

\_\_\_\_\_  
\_\_\_\_\_

What are your focuses and concerns for your hands and/or feet?

Describe any reactions from previous nail treatments?

I confirm (to the best of my knowledge) that the information I have provided is accurate and complete. I have not withheld any information that may be relevant to my treatment and/or the results thereof. I am aware that there are often inherent risks associated with skin care By signing below, I further agree that I will not hold Body Bliss Salon & Spa or any of its employees responsible should there be any unfavorable outcome or result.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_