

Kita Woo

Medical Nail Techs

Confidential Client Intake

Name _____

Address _____

City, State and Zip _____

Phone _____ Birthday _____

Email _____

Please check all current health conditions that apply to you:

<input type="checkbox"/> Allergies	<input type="checkbox"/> Autoimmune	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Blood Clots
<input type="checkbox"/> Bone Disease	<input type="checkbox"/> Bruise Easily	<input type="checkbox"/> Cancer	<input type="checkbox"/> Cardiac Issues
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Disc Issues	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Skin Condition	<input type="checkbox"/> Stroke	<input type="checkbox"/> Surgery <small>last 6 months</small>
<input type="checkbox"/> Other			

Are you currently under the care of a physician for any reason? If so, provide contact information. _____

Please list medications you are currently taking on a regular basis. _____

Please check all current nail/cuticle conditions:

<input type="checkbox"/> Cracked	<input type="checkbox"/> Discolored	<input type="checkbox"/> Misshapen	<input type="checkbox"/> Peeling
<input type="checkbox"/> Splitting	<input type="checkbox"/> Spots	<input type="checkbox"/> Thick	<input type="checkbox"/> Hang nails
<input type="checkbox"/> Other			

What are your hobbies? Do you ever use your nails as "tools"?

Are you wearing gloves while cleaning, gardening, or washing dishes ... ? _____

How do you take care of your hands? _____

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Are you currently using/applying products to your nails? Please list. _____

When was the last time you had professional nail services? How often do you visit? _____

Please check your requested nail service(s):

<input type="checkbox"/> Diabetic safe	<input type="checkbox"/> Hand Service	<input type="checkbox"/> Feet Service	<input type="checkbox"/> At Home Care
<input type="checkbox"/> Removal Service	<input type="checkbox"/> Soft Gel	<input type="checkbox"/> Hard Gel	<input type="checkbox"/> Press On Nails
<input type="checkbox"/> Other			

Are you preparing for a special occasion? _____

Addition information: _____

_____ Date _____