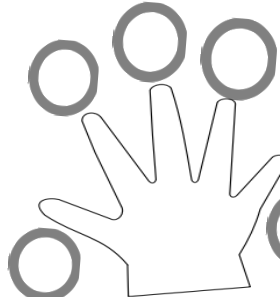
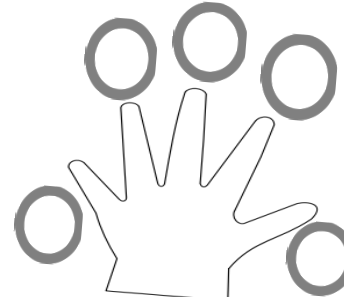
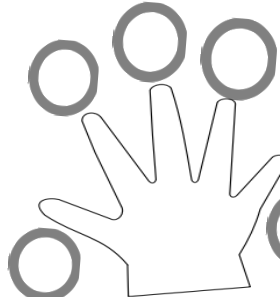
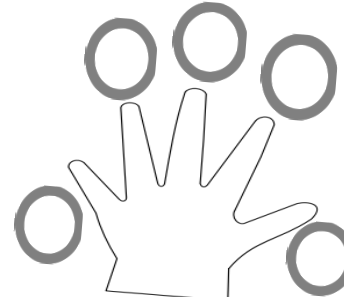
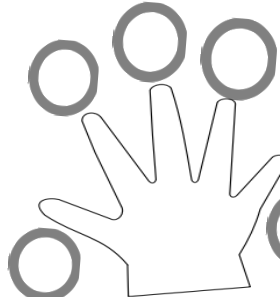
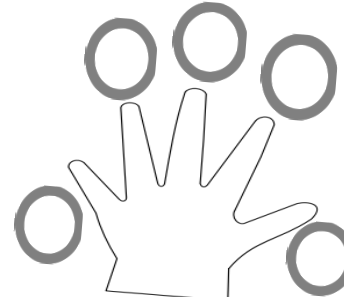


## CONSULTATION FORM - MANICURE AND PEDICURE

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of birth (for promotional purposes only)** \_\_\_\_\_  
**Mobile or Email address (for booking confirmation only)** \_\_\_\_\_

**Please indicate your current nail condition by selecting the closest description from the options below:**

	YES	NO								
• Have you ever had a nail infection?	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>N - Normal</b>  <b>S - Swollen</b>  <b>B - Bitten</b>  <b>P - Peeling / Flaky</b> </td> <td style="width: 50%; vertical-align: top;"> <b>I - Infected</b>  <b>D - Discolouration</b>  <b>H - Hangnails</b>  <b>X - Onycholysis</b>                      (dead nail/toenail)                 </td> </tr> <tr> <td style="text-align: center;"><b><u>Left hand</u></b></td> <td style="text-align: center;"><b><u>Right hand</u></b></td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> </table>	<b>N - Normal</b> <b>S - Swollen</b> <b>B - Bitten</b> <b>P - Peeling / Flaky</b>	<b>I - Infected</b> <b>D - Discolouration</b> <b>H - Hangnails</b> <b>X - Onycholysis</b> (dead nail/toenail)	<b><u>Left hand</u></b>	<b><u>Right hand</u></b>			
<b>N - Normal</b> <b>S - Swollen</b> <b>B - Bitten</b> <b>P - Peeling / Flaky</b>	<b>I - Infected</b> <b>D - Discolouration</b> <b>H - Hangnails</b> <b>X - Onycholysis</b> (dead nail/toenail)									
<b><u>Left hand</u></b>	<b><u>Right hand</u></b>									
										
• Have you ever had a nail reaction?	<input type="checkbox"/>	<input type="checkbox"/>								
• Do you take any medication?	<input type="checkbox"/>	<input type="checkbox"/>								
• Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>								
• Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>								
• Do you do a lot of work around home involves contact between your hands and chemicals?	<input type="checkbox"/>	<input type="checkbox"/>								
• Do you use hand lotion?	<input type="checkbox"/>	<input type="checkbox"/>								
• Do you have a skin condition on your hands or feet, such as Psoriasis or Eczema?	<input type="checkbox"/>	<input type="checkbox"/>								
• Do you have a broken skin?	<input type="checkbox"/>	<input type="checkbox"/>								
• Do you play sports that take a toll?	<input type="checkbox"/>	<input type="checkbox"/>								
• Do you have a history of picking or biting your nails or cuticles?	<input type="checkbox"/>	<input type="checkbox"/>								

### DISCLAIMER AND WAIVER OF LIABILITY

**Satisfaction guaranteed.** If you're ever unhappy with our salon service, let us know within five days, and we'll make it right. We don't offer refunds. This policy applies to nail enhancements, gel polish, and dipping powder. If there's any chipping or lifting within five days, we'll repair it for free. Issues after five days are at the salon's discretion. We can repair it for \$3.00 per nail if it's not our fault.

We love doing children's nails! However, unattended kids can be dangerous since we use harmful products. If your child is under ten and not getting a nail service, please supervise them for safety. Please respect the people around you trying to relax during their nail services, set your mobile on vibrate and speak with a moderate tone if necessary. Use hands-free devices to avoid contaminating your nails. Pay attention to your manicurist to prevent delays. If you want to modify, adjust or change your service, let your technician know by now.

By consuming the complimentary beverages, you release pArnAil Bar and its employees from any liability for any damage or injury you may sustain and assume all risks to your property and person. pArnAil bAr will not be liable for any damages or injuries you sustain. Lastly, I permit pArnAil bAr to use my photo or video for marketing and advertising purposes without any right to royalties or final approval.

**\*By signing this form, you acknowledge that you have read, understood, and agreed to all statements above.**

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

Technician Signature and Date: \_\_\_\_\_