***Section I***

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State & Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day time phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evening phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about Pure Comfort Spa Clinique?

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

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Section II***

1. When was the last time you had a manicure?

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

2. When was the last time you had a pedicure?

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

3. How often do you receive a manicure?

once a week? once a month? just whenever? almost never?

4. How often do you receive a pedicure?

once a week? once a month? just whenever? almost never?

5. Are you a diabetic? yes No

**IF YES:**

Are you type 1 or type 2 diabetic?

Do you have an eye doctor? Yes No How often are your visits?

Do you have a dentist? Yes No How often are your visits?

Do you have a podiatrist? Yes No How often are your visits?

How is your circulation? (on a scale of 1 – 10) **one being the worst \_\_\_\_\_\_\_\_\_\_\_**

Are you on dialysis? Yes No

6. Do you have blisters or sores that heal slow? yes No

7. Do you have eczema? Yes No

8. Do you have arthritis? Yes No

9. Do you have high blood pressure? Yes No

10. How is your diet and exercise?

***Section III***

***NAIL DISORDERS***

Do you have or ever had any of these please **circle** all that apply?

a. uneven growth of nail

b. damages to the nail bed

c. white spots on the nail

d. over growth of the nail (thickness instead of length)

e. nail wasting away (due to injury or disease)

f. do you bite your nails

g. have split or brittle nails

h. have hang nails (cuticle split around the nail)

i. have eggshell nails (nail plate very thin)

j. have blue nails (poor blood circulation)

k. have ringworm of the hands

l. have ringworm of the feet

m. have ingrown toenails

n. have shedded a finger nail

o. have shedded a toenail

p. have loosening of the nail

q. have swelling of the nail

r. have finger nail or toenail been surgically removed

s. have enlargement of nail, sometimes curved downward

t. have corns or calluses

Is there any medical questions or medical concerns that you may have that is not on this form that I should know about? yes no

**ie;** **thrombosis**-clotting within a blood vessel

**open and or fresh wounds**

**bruises**-of any kind

**broken skin**

**varicose veins**

**joint pain**

**tuberculosis**

**benign**-mild or harmless nature of an illness or tumor

**malignant tumors**

**hemorrhages**-loss of blood

**inflammation of skin**

**phlebitis**-inflammation of a vein

**neuropathy**-nerve damage

If yes, please list them below.

1)

2)

3)

4)

5)

Have you suffered from any recent injuries or illnesses? If yes, please give details.

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

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

Are you taking any medications, whether prescribed by a doctor or over the counter? If yes, please provide details.

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

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

Do you have any allergies to medications or products? If yes, please provide details.

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

What are you hoping to achieve from the therapy?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Special notes:

***IMPORTANT DISCLAIMER INFORMATION ABOUT*** 

The material in this questioner is asked for a matter of concern regarding your health and is not intended to be a substitute for a health care provider's consultation. Please consult your own physician or appropriate health care provider about the applicability of any opinions or recommendations with respect to your own symptoms or medical conditions.

*X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***\*\*\*\*NOTE\*\*\*\****

##### Manicure and Pedicure Precautions For Consumers

The Texas Department of Licensing and Regulation rules require that all non-porous manicure and pedicure implements must be cleaned, disinfected and sterilized prior to each service.

* Make sure the salon and operator are currently licensed.
* If you have, or suspect that you have a skin infection, do not get a manicure, pedicure or utilize the foot spa bath.
* Do not have any type of hair removal service 24 hours prior to a pedicure or manicure.
* If you have broken skin or lesions, such as cuts or nicks, do not get a pedicure or manicure.
* Take a look around the salon to determine if it is clean, free of trash and set up with clean instruments.  How can you tell if instruments are clean?
  + There should be no visible marks on buffer blocks.
  + Implements should not be stored in an open tray and not used from one customer to another.
  + Disposable items should not be re-used (cotton balls, orangewood sticks, nail wipes, disposable towels).
  + Metal pushers and files, cuticle nipper and scissors, tweezers, finger and toe nail clippers and electric drill bits must be cleaned, disinfected and sterilized by autoclave, dry heat sterilizer or UV light.
* The following materials that are used during a manicure or pedicure shall be replaced with new or clean articles for each client: terry cloth towels, finger bowls and spatulas that contact skin or skin products from multi-use containers.

If you have any doubts about the cleanliness of the shop/salon or their adherence to sanitation requirements for manicures and pedicures, **leave**.