



SALON & SPA
Believe · Beyond · Be You

Date: _____

Male Female

CLIENT INTAKE FORM - NAILS

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Email _____

Phone _____ Referral _____

Emergency Contact _____ EC Phone _____

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Date of your last professional manicure or pedicure: \_\_\_\_\_

How often do you get professional manicures and pedicures? \_\_\_\_\_

What hand, foot and nail products do you most frequently use? \_\_\_\_\_

How long does your nail or toe polish usually last? \_\_\_\_\_

How would you like to improve your hands, feet and nails? \_\_\_\_\_

What type of hobbies and activities do you do that directly affect your nails? \_\_\_\_\_

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For the questions below, please circle all the answers that apply:

Do your nails: Split Peel Crack Break

Are your cuticles: Dry Torn Ragged Inflamed/Red

Do you bite your nails? Yes No

On your hands, do you have: Open Wounds Cuts Sores Bruises Tenderness

Have you ever been diagnosed with any of the following: AIDS HIV Hepatitis A or B

Please list any known allergies including food, medicines, scents, plants, etc.: _____

Are you diabetic? Yes No

Are you pregnant? Yes No

Have you ever had or do you now have a nail infection on any of your fingernails or toenails? If so, please explain:

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By signing below, you attest that you have provided accurate and current information on this form and answered all medical and health-related questions truthfully and completely. Your signature also certifies that you understand that b Salon & Spa reserves the right to deny service to any client due to a health condition he or she has that may pose a potential risk to practitioners or other clients, including those that pose a risk of potential contamination to service areas. Furthermore, signing below verifies that you understand that you are responsible for informing b Salon & Spa and/or its manicure and pedicure technicians of ANY and ALL changes to your health condition as regards any question on this form or any potential public health risk that may arise from any change in your health condition.

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

**Consent to Treatment of Minor:** By signature below, I hereby authorize b Salon & Spa to administer service(s) to my child or dependent as they deem necessary.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

