

Pedicure and Manicure Intake Form

Name: _____ Date: _____ DOB: _____

Address: _____ City: _____ State: _____

Email: _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____

What type of work do you do? _____

Do your nails: Split and peel? **Y or N** Crack and break low to the skin? **Y or N**

Are your nails too soft or too hard? _____

Are your cuticles ever dry, torn, swollen or red? _____

Do your hands/feet ever crack, break open or bleed? _____

Do you have any calluses, corns, ingrown nails, planter's warts, or have athlete's foot? Where: _____

Do you or have you ever had a nail infection or nail fungus? _____

Have you ever seen a physician for your hands, feet or nails (skin conditions included)? **Y or N**

If yes, please explain: _____

Are you a diabetic? **Y or N** **Women:** Are you pregnant or trying to conceive? **Y or N**

Have you ever been diagnosed with an infectious disease? (i.e. HIV positive, Hepatitis A or B)

Y or N If yes, please explain: _____

To maximize the enjoyment of your spa experience and that of the other guests, please turn off or silence your cell phone. For the same reason, we respectfully request that you make other arrangements for the care of your children on the day of your appointment. To ensure the safety of all our guests, Natural Elements Day Spa reserves the right to refuse service to a client due to disease or potential contamination of the service area. We also reserve the right to charge a fee for cancellation of appointments before 24 hours notice.

Guest signature _____ Date _____