



Client Information

Client Name:	Phone Number:
Address:	Cell Number:
Please indicate: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email:

Client Consultation - Foot and Nail Care

In order to provide you with the best possible service, please complete the following. Give details if needed.

What type(s) of nail (foot) services have you had before?	
What nail or foot care items do you regularly use at home?	
Have you a history of:	Y N <i>Provide details where applicable.</i>
Diabetes	<input type="checkbox"/> <input type="checkbox"/>
Heart Disease	<input type="checkbox"/> <input type="checkbox"/>
Allergies	<input type="checkbox"/> <input type="checkbox"/>
Inflammatory/Non-Inflammatory Arthritis?	<input type="checkbox"/> <input type="checkbox"/>
Are you taking any medications?	<input type="checkbox"/> <input type="checkbox"/>
Are your feet dry, moist or normal?	<input type="checkbox"/> <input type="checkbox"/>
Tenderness or stiff joints?	<input type="checkbox"/> <input type="checkbox"/>
Do you prefer your toenails long or short?	
Do you do sports activities or hobbies that use your feet?	<input type="checkbox"/> <input type="checkbox"/> <i>If so, what?</i>

To be completed by Staff/Esthetician

	<u>1st Appointment</u>	<u>2nd Appointment</u>
Describe the condition of the nail plate at the start of service:		
Describe the condition of the bottom of the foot at the start of the service:		
Skin Temperature		
Skin Texture		
Colour/Condition of Nail Bed		
Miscellaneous (Burning, Heel or Arch pain)		
Other client comments/observations		

Common Foot Problems and Conditions of the Skin: Notes & Recommendations

Include Observations and Recommendations

	<u>1st Appointment</u>	<u>2nd Appointment</u>
Tinea Pedis		
Pteryguim		
Onychocryptosis		
Hyperhidrosis		
Bromhidrosis		
Anhidrosis		
Warts		

Common Foot Problems and Conditions of the Skin: *Continued*

Include Observations and Recommendations

1st Appointment

2nd Appointment

Friction Blisters		
Tyloma/Callus		
Heloma/Corn (soft or hard)		
Interactactable Plantar Keratoma		

Toe Nail Disorders/Toe Malfunctions, Digital Deformities

Include Observations and Recommendations

1st Appointment

2nd Appointment

Longitudinal Lines		
Onychorrhhexis		
Transverse Lines/Beau's Line)		
Nail Pitting		
Onychoschizia		
Onychophagy		
Nail Plate Clubbing		
Koilonychia		
Pincer/Trumpet Nail Plate		
Tile Shape/Plicatured		
Discolouration		
Hammertoes/Mallet Toes		
Congenital Overlapping 5th Toe		
Bunion		

Acknowledgement

I, the undersigned, recognize the importance of the accuracy of the information provided to ensure the smooth running of the salon/spa treatments I will be receiving. Consequently, I confirm this information to be correct.

1st-Customer Signature: _____ Pedicurist Signature: _____

2nd-Customer Signature: _____ Pedicurist Signature: _____

Appointment Review Notes

1st Appt. - Pedicurist Name (Print)	Date Reviewed:	Service/Product/Recommendations	Enamel Colour:	Retail Purchases/Client Comments
2nd Appt. - Pedicurist Name (Print)	Date Reviewed:	Service/Product/Recommendations	Enamel Colour:	Retail Purchases/Client Comments