



### Client Information

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

### Client Consultation - Hand 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 (hand) services have you had before?	
What nail or hand 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 hands dry, moist or normal?	<input type="checkbox"/> <input type="checkbox"/>
Tenderness or stiff joints?	<input type="checkbox"/> <input type="checkbox"/>
What nail shape do you prefer for your fingernails?	
Do you do sports activities or hobbies that use your hands?	<input type="checkbox"/> <input type="checkbox"/> <i>If so, what?</i>

### To be completed by Staff/Esthetician

	1st Appointment	2nd Appointment
Describe the condition of the nail plate at the start of service:		
Describe the condition of the hand at the start of the service:		
Skin Temperature		
Skin Texture		
Colour/Condition of Nail Bed		
Condition & length of free edge		

### Nail Diseases or Disorders

Include Observations and Recommendations

	1st Appointment	2nd Appointment
Tinea		
Onychomycosis		
Paronychia		
Onychia		
Onycholysis		
Blue Nails		
Eggshell Nails		

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

*Include Observations and Recommendations*

**1st Appointment**

**2nd Appointment**

Corrugations		
Koilonychia		
Furrows		
Onychogryphosis		
Onychoptosis		
Onychauxis		
Agnails		
Leuconychia		
Bruised Nails		
Onychophagy		
Onychorrhexis		
Onychoschizia		
Pterygium		
Discolourations		
Nail Pitting		
Warts		
Other		

### 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: \_\_\_\_\_ Manicurist Signature: \_\_\_\_\_

2nd-Customer Signature: \_\_\_\_\_ Manicurist Signature: \_\_\_\_\_

### Appointment Review Notes

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