

Nail Consultation Form



Name: _____ Date of Birth: _____

Date: _____ **acac** member: **Yes No**

Address: _____

Email: _____

Home phone: _____ Cell phone: _____

Referred by: _____

Emergency contact name and phone number: _____

Would you like to be notified by email of spa specials, events and promotions? **Yes No**

Health History

Do you smoke? **Yes No**

Are you diabetic? **Yes No**

Do you use hand lotion with sun block? **Yes No**

Do you have any skin conditions pertaining to your hands or feet such as psoriasis or eczema?

Yes No If yes, please specify: _____

Do you have any broken skin on the hands or feet? **Yes No**

If yes, please explain: _____

Are you pregnant? **Yes No** If yes, which trimester? _____

Are you currently using blood thinners? **Yes No**

If yes, please list: _____

Please list any known allergies: _____

Please circle any of the following that apply to you:

Athlete's foot

Circulation issues

Poison ivy

Foot and/or toenail fungus

**Please note: If your toenails have been polished today, please keep in mind that we advise you not to put on socks or shoes for at least one hour.*

I have read the information on the reverse side and recorded my medical history accurately with all pertinent information. For future services, I agree to inform my spa technician of any changes in my medical status and/or the above information. I agree to hold **acac** and its employees harmless for the performances of these services. I understand spa services are not to be considered medical treatment, and as such, the spa technician cannot prescribe treatment of pharmaceuticals.

Cancellation policy: In order to provide optimal scheduling for all clients and to fairly compensate out therapist, acac finds it necessary to implement a 24-hour cancellation policy for all spa appointments. Payment in full is expected for any appointment missed or called within 24 hours of the scheduled session. We appreciate your understanding and cooperation.

I understand that any comments or behavior deemed inappropriate by the service provider (illicit or sexually suggestive in nature) will result in the immediate termination of the session and I will be liable for payment of the scheduled service.

Signature (if under 18, parent/legal guardian must sign)

Date