



**Manicure & Pedicure Intake Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Birthday \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about Spa Fleurishe? \_\_\_\_\_

Do your nails: (Circle all that apply) Split Crack Peel Break

Are your cuticles ever: Dry Torn Ragged Inflamed Red

On your hands/feet do you have: Calluses Corns Ingrown nails Warts Athletes Foot

Does the skin on your hands or feet ever: Crack Break open Bleed

On your hands or feet, do you have: Open wounds Cuts Sores Bruises Tenderness

Are you diabetic Y\_\_N\_\_ Are you pregnant Y\_\_N\_\_

Have you ever had or do you now have a nail infection on your hands and/or feet? Y\_\_N\_\_

If so, please explain \_\_\_\_\_

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

Have you ever been diagnosed with an infectious disease? AIDS HIV Hepatitis A or B

Any allergies: Food \_\_\_\_\_ Medicines Scents Plants/Grass/Trees

Please list and medications - including oral, topical, blood thinners, pain relievers, etc  
\_\_\_\_\_

Medical Concerns, circle all that apply, High Blood Pressure Heart conditions

Hand/Foot surgery Nail Fungus Ringworm Joint problems/Arthritis

By signing below, you attest that you have provided accurate & current information on this form & answered all medical & health-related questions truthfully & completely. Your signature also certifies that you understand *Spa Fleurishe* reserves the right to deny service to nay 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. And you release *Spa Fleurishe* from any & all liability arising from or as a result of this service & all future services.

Name \_\_\_\_\_ Date \_\_\_\_\_