



## Client Consult/Consent - Nail

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ How did you hear of us? \_\_\_\_\_

Would you like to receive my monthly newsletter/Hear about specials and events?  No  Yes

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

How often do you get manis/pedis? \_\_\_\_\_ How long does your nail or toe polish usually last? \_\_\_\_\_

What type of hobbies and activities do you do that directly affect your nails? \_\_\_\_\_

Do your nails:  Split  Peel  Crack  Break Are your cuticles:  Dry  Torn  Inflamed/Red

Do you bite your nails?  Yes  No On your hands or feet have:  Cuts  Sores  Bruises  Tenderness

Have you ever had or do you now have a nail infection on any of your fingernails or toenails? If so, please explain: \_\_\_\_\_

Do you have any skin conditions pertaining to your hands or feet such as psoriasis or eczema?  Yes  No

Please list any known allergies including food, medicines, scents, plants, etc.: \_\_\_\_\_

Do you smoke?  Yes  No Are you diabetic?  Yes  No

Are you pregnant?  Yes  No If yes, which trimester? \_\_\_\_\_

Do you use hand lotion with sun block?  Yes  No Are you currently using blood thinners?  Yes  No

If yes, please list: \_\_\_\_\_

Have you ever been diagnosed with any of the following:  AIDS  HIV  Hepatitis A/B

Please check any apply:  Athlete's foot  Circulation issues  Foot &/or toenail fungus

Do you have any other medical concerns that have not been covered in this form: \_\_\_\_\_

\_\_\_\_\_ 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 2 hours. In the first 24 hours after application, you should be especially careful with your nails.

\_\_\_\_\_ Use cuticle oil daily. Dab a little onto each nail and massage into the nail and surrounding skin. Using cuticle oil gives your nails the nutrients they need to stay strong and healthy. Never use metal nail files, these are too harsh and may cause damage to your manicure.

\_\_\_\_\_ Never use your nails as tools instead use the pads of your fingers. (e.g. when typing). Don't pick the product off – this will cause damage to the nail that cannot be repaired. Always use rubber gloves when doing household chores and gardening. Avoid using harsh chemicals without wearing gloves. Dye from your certain products or your newly colored hair can stain your gel polish. Chlorine may cause lifting of Gel Polish. For best results, please wait 24 hours after application before you go swimming. Certain products such as sunscreen, tanning lotion, insect repellents and oil-based products can cause the gel polish to lift. When using these products, try to avoid getting the product on your nails and wash your hands thoroughly afterwards.

\_\_\_\_\_ Return for regular, professional manicures every 2 -3 weeks. If within 5 days of your appointment you are unhappy with the quality of my work, I welcome you to return for any necessary repairs. This must be restricted to 5 days as I have no control over how you look after your nails once you have left the salon.

I consent to "before and after" photographs for the purpose of monitoring treatment effects, documentation, potential advertising and promotional purposes. \_\_\_\_\_

**OVER**

I understand that any information provided is to aid the service professional in giving better service and is completely confidential. I understand, have read and completed this questionnaire honestly and truthfully. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. I agree to keep the service provider updated to any changes in my medical profile and understand that there should be no liability on the service providers part should I fail to do so. I give permission to my skin care specialist to perform treatment we have discussed, and will hold him/her and his/her staff harmless and nameless from any liability that may result from this treatment. I understand my skin care specialist will take every precaution to minimize or eliminate negative reactions as much as possible. If I experience any discomfort or pain during the session, I will immediately inform the service professional. In the event I may have additional questions or concerns regarding my treatment, I will consult the skin care specialist immediately. I understand that the services offered are not a substitute for medical care. I also understand that the service provided, and advice of the provider should not be construed as a substitute for a medical examination, diagnosis, or treatment and that I should see a medical professional for any mental or physical ailment I am aware of. I understand the service professional is not qualified to diagnose, prescribe, or treat any skin disease or disorder and nothing said during the course of the appointment be construed as such. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the skin care specialist responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed today. By signing below, I hereby authorize Bliss by Sherise to administer treatment services to me, and will hold Bliss by Sherise or its service providers harmless from any liability that may result from this treatment. I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_