

**Manicure
Consultation Form**

Date: _____

Name: _____

Are you a diabetic? _____

Pregnant? _____

Do you take blood thinners? _____

Do you take any form of Cortisone? _____

Any nail/skin fungus, warts? _____

Do you have any allergies? _____

High Blood Pressure? _____

Do you have a medical condition that would affect your immunity?

Do you have any other concerns that we would need to be aware of?

Do you have any Varicose Veins? _____

Allergies (*Seaweed *Aloe *Nuts)? _____

Are you currently being treated by a doctor for a hand/ foot condition?

If yes, please explain:

Any Concerns?

I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically. I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician (student), whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

I grant Skills/Compétences Canada to use photographs of my hands for promotional or educational material. I understand there will be no names associated with pictures.

Guest Signature: _____

Date: _____