

Client Information

Client Name:

Esthetician to complete: Did you review the Health History form with client? If yes, check here. 1st 2nd

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** *Provide details where applicable.*

Are your hands dry or moist?

Tenderness or stiff joints?

What nail shape do you prefer for your fingernails?

Do you do sports activities or hobbies that use your hands? *If so, what?*

To be completed by Staff/Esthetician

1st Appointment

2nd Appointment

Describe the condition of the free edge and/or 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 Manus

Onychomycosis

Paronychia

Onychia

Onycholysis

Blue Nails

Eggshell Nails

Common Nail Plate Surface Irregularities, Problems and Conditions of the Skin

Include Observations and Recommendations

1st Appointment

2nd Appointment

Pterygium		
Beau's/Transverse Line/Corrugations		
Longitudinal Lines (Grooves /Furrows)		
Koilonychia		
Onychogryphosis		
Onychoptosis		
Onychauxis		
Agnails		
Leuconychia/White Spots		
Hematoma/Bruised Nails		
Onychophagy		
Onychorrhaxis		
Onychoschizia		
Nail Pitting		
Discolourations		
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 and Retail Product Recommendations	Enamel Brand/Colour
2nd Appt. - Manicurist Name (Print)	Date Reviewed:	Service and Retail Product Recommendations	Enamel Brand/Colour