

Client Information

Client Name:

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

- 1st
 2nd

Client Consultation - Foot 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 (foot) services have you had before?

What nail or foot care items do you regularly use at home?

Have you a history of: **Y N** *Provide details where applicable.*

Are your feet dry or moist?

Tenderness or stiff joints?

Do you prefer your toenails long or short?

Do you do sports activities or hobbies that use your feet? *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 bottom of the foot at the start of the service:

Skin Temperature

Skin Texture

Colour/Condition of Nail Bed

Miscellaneous (Burning, Heel or Arch pain)

Other client comments/observations

Common Foot Problems and Conditions of the Skin: Notes & Recommendations

Include Observations and Recommendations

1st Appointment

2nd Appointment

Tinea Pedis

Pteryguim

Onychocryptosis

Hyperhidrosis

Bromhidrosis

Anhidrosis

Warts

Friction Blisters

Common Foot Problems and Conditions of the Skin: *Continued*

Include Observations and Recommendations

1st Appointment

2nd Appointment

Tyloma/Callus		
Lister Corn		
Heloma/Corn (soft or hard)		
Interactable Plantar Keratoma		

Toe Nail Disorders/Toe Malformations, Digital Deformities

Include Observations and Recommendations

1st Appointment

2nd Appointment

Longitudinal Lines/Groves/Furrows		
Beau's/Transverse Lines/ Corrugations		
Nail Pitting		
Onychoschizia		
Nail Plate Clubbing		
Koilonychia		
Pincer/Trumpet Nail Plate		
Tile Shape/Plicatured		
Discolouration(s)/Hematoma		
Hammertoes/Mallet Toes		
Congenital Overlapping 5th Toe		
Bunion		
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: _____

2nd-Customer Signature: _____

Appointment Review Notes

1st Appt. - Pedicurist Name (Print)	Date Reviewed:	Service/Product/Recommendations	Enamel Colour:	Retail Purchases/Client Comments
2nd Appt. - Pedicurist Name (Print)	Date Reviewed:	Service/Product/Recommendations	Enamel Colour:	Retail Purchases/Client Comments