

NC Teaching Spa - Foot and Nail Care

Client Information

Client Name: _____

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 (foot) services have you had before?

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

To be completed by Staff/Esthetician

Esthetician Name: (Please Print)

Date:

Do you prefer your toenails long or short?

Do you have any Burning, Heel or Arch pain?

Describe the condition of the free edge and/or nail plate at the start of service:

Describe the condition of the foot and Nail Bed at the start of the service for the following:

Skin Temperature

Skin Texture

Colour/Condition of Nail Bed

Nail Diseases or Disorders

Surface Irregularities/Nail Conditions (Please circle any that apply)

Longitudinal Lines/Groves Onychorrexis/Splitting Onychoschizia/Brittle Nails Onychocryptosis/Ingrown Onycholysis Tinea Pedis
 Transverse Line/Corrugations Warts Blisters Callus Corn Hammertoes/Mallet Toes Bunion Heal Cracks

Additional Notes: _____

Discolorations (Please circle any that apply)

Blue Nails Leuconychia/White Spots Bruised Nails Yellow Nails

Additional Notes: _____

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: _____

1st Esthetician Signature _____

Polish Color: _____

Service/Product Recommendation (s) _____

Client Follow-up Appointment Review

2 nd Date Reviewed:	Comments/Changes:	
Polish Color:	Esthetician Name: (Please Print)	Clients Initials:
Service/Product Recommendation(s):		
3 rd Date Reviewed:	Comments/Changes:	
Polish Color:	Esthetician Name: (Please Print)	Clients Initials:
Service/Product Recommendation(s):		
4 th Date Reviewed:	Comments/Changes:	
Polish Color:	Esthetician Name: (Please Print)	Clients Initials:
Service/Product Recommendation(s):		
5 th Date Reviewed:	Comments/Changes:	
Polish Color:	Esthetician Name: (Please Print)	Clients Initials:
Service/Product Recommendation(s):		
6 th Date Reviewed:	Comments/Changes:	
Polish Color:	Esthetician Name: (Please Print)	Clients Initials:
Service/Product Recommendation(s):		
7 th Date Reviewed:	Comments/Changes:	
Polish Color:	Esthetician Name: (Please Print)	Clients Initials:
Service/Product Recommendation(s):		
8 th Date Reviewed:	Comments/Changes:	
Polish Color:	Esthetician Name: (Please Print)	Clients Initials:
Service/Product Recommendation(s):		
9 th Date Reviewed:	Comments/Changes:	
Polish Color:	Esthetician Name: (Please Print)	Clients Initials:
Service/Product Recommendation(s):		
10 th Date Reviewed:	Comments/Changes:	
Polish Color:	Esthetician Name: (Please Print)	Clients Initials:
Service/Product Recommendation(s):		