

Salon Name \_\_\_\_\_

### Client Consultation and Profile Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Birthday: \_\_\_\_\_

IN ORDER FOR US TO BEST SERVICE YOUR NAIL NEEDS, PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. If you work outside the home, what type of duties do you perform on a daily basis? \_\_\_\_\_  
\_\_\_\_\_
2. Do you do a lot of work around your home such as cooking, cleaning, gardening, etc? Yes  No   
Please Explain: \_\_\_\_\_  
\_\_\_\_\_
3. How many children do you have and what are their ages? \_\_\_\_\_
4. What type of athletic activities do you participate in on a regular basis? \_\_\_\_\_  
\_\_\_\_\_
5. Are you currently taking any medication, whether prescribed or over-the-counter? Yes  No   
If Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_
6. Do you have, or have you had, a history of: Diabetes  Heart Disease  Thyroid Problems   
Circulatory or Muscular Disease  Hypertension  Cancer  Allergies  Other   
What type of treatment has been prescribed? \_\_\_\_\_  
\_\_\_\_\_
7. Are you currently under any type of excessive stress? Yes  No  Don't Know
8. Is your skin: Dry  Oily  Normal  Combination
9. Do you have a history of picking or biting at your nails or cuticles? Always  Sometimes   
Rarely  Never
10. Have you ever had an allergic reaction to any type of nail enhancement or other nail related product?  
Yes  No  If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
11. Have you ever experienced a nail infection of any sort? Yes  No  If Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_
12. Have you always worn nail enamel/polish with your nail enhancements? Always  Sometimes   
Rarely  Never
13. Would you prefer the option to wear a Permanent French Manicure? Yes  No
14. If you prefer to wear enamel, what is your favorite color? \_\_\_\_\_
15. What is the best day and time for your appointments? \_\_\_\_\_
16. Do you agree to keep a regular appointment schedule to maintain your nail enhancements for long-term  
wearability? Yes  No  If No, please explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_(Salon Name)\_\_\_\_ Reserves the right to charge for appointments canceled or broken without 24 hours notice. Due to the potentially hazardous chemicals in the salon, please make other arrangements for your children on appointment days. \_\_\_\_\_(Salon Name)\_\_\_\_\_ will not be held accountable for injury or accidents to, or caused by, unsupervised children.

Client Signature: \_\_\_\_\_ Tech Signature: \_\_\_\_\_