



## *Confidential Nail Service Intake Form*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Referred by \_\_\_\_\_

Are you taking medication? (If so, describe) \_\_\_\_\_

Are you taking Retin A, Renvoa, Differerin, Accutane or any other product prescribed by a

Dermatologist? \_\_\_\_\_

Do you have any medical conditions? (If so, describe) \_\_\_\_\_

Known allergies (including iodine, seafood, and/or fruit) \_\_\_\_\_

Do you have a history of or are you experiencing any of the following? (Please check off if so.)

Sunburn  irritated skin rash  open cuts/bruises  diabetes  active herpes  
 suspicious growths  phlebitis  metal plates of any kind  nail/skin fungus  arthritis

Are you pregnant? \_\_\_\_\_ Weeks postpartum \_\_\_\_\_

**\*Note: Please inform your care provider of any products you may be using to avoid irritation or reaction.**

Are you interested in our Series Savings Program? If so, please choose a series package below:

- Purchase a Series of 5 Services & Get 1 FREE!
- Purchase a Series of 10 Services & Get 2 FREE!
- Purchase a Series of 20 Services & Get 5 FREE!

The more you buy the more you save!

I am aware that I should not use any products that are not specifically advised for 48 hours after any service of skincare treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_