

unvarnished

HAND & FOOT CO.

NEW CLIENT INTAKE FORM

NAME:

PHONE:

EMAIL:

Do you have a latex allergy?

- YES, please use neoprene gloves.
- NO, you can use latex.

Please check any and all conditions that apply to you. Providing this information is completely optional, it just helps us remember your specific sensitivities.

- | | | |
|--|--|--|
| <input type="checkbox"/> Numbness/Tingling | <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Back/Hip Pain |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> CTS | <input type="checkbox"/> Eczema/Psoriasis |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Arthritis / Joint Pain | <input type="checkbox"/> Immune Deficiencies |
| <input type="checkbox"/> Ingrown Nails | <input type="checkbox"/> Knee / Ankle / Foot Surgery | <input type="checkbox"/> Clotting / Circulatory Issues |

Have you noticed any of the following characteristics in or on your nails?

- | | | |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Flaking | <input type="checkbox"/> Brittleness | <input type="checkbox"/> Separation |
| <input type="checkbox"/> Fungus | <input type="checkbox"/> Thickening | <input type="checkbox"/> Discoloration |
| <input type="checkbox"/> Splitting | <input type="checkbox"/> Soreness | <input type="checkbox"/> Cuticle Swelling / Pain |

Is there anything else you'd like us to know about so we can serve you better?

DISCLOSURE

I have viewed Unvarnished's Sanitation, Disinfection, & Sterilization protocols. I understand that cosmetologists are not trained in the diagnosis or treatment of disease. I confirm that I have consulted a medical doctor for any medical conditions I may have and that I may need to have medical authorization to receive services at Unvarnished.

Client Signature

Date