

## Aesthetics Pedicure Information Form

Model Name: \_\_\_\_\_ Competitor Number: \_\_\_\_\_

Date: \_\_\_\_\_

Please circle the appropriate answer below:

Question:	Yes	No
Are you a diabetic?	X	X
Do you have allergies?	X	X

Current Medications: \_\_\_\_\_

With respect to your feet, which of these conditions do you experience?

Condition	Yes	No
Cold Feet	x	x
Dry Feet	x	x
Cracked Skin	x	x
Itchiness	x	x
Peeling Skin	x	x
Sweating	x	x
Hot Feet	x	x
Blisters	x	x
Skin Fungus	x	x
Discolored Nails	x	x
Thick Nails	x	x
Callus Build Up	X	X
Corns	x	x
Plantar Warts	x	x

What improvements would you like to see?

Model Signature: \_\_\_\_\_

