



Manicure Consultation Form

## **Aesthetics**

POST-SECONDARY



## MANICURE CONSULTATION FORM

Client: \_\_\_\_\_

Competitor Number: \_\_\_\_\_

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

- Are you a diabetic? \_\_\_\_\_
- Are you pregnant? \_\_\_\_\_
- Do you take blood thinners? \_\_\_\_\_
- Do you take any form of cortisone? \_\_\_\_\_
- Any of the following
- Nail fungus? \_\_\_\_\_
- Skin fungus? \_\_\_\_\_
- Warts? \_\_\_\_\_
- Other? \_\_\_\_\_
- If yes, please explain \_\_\_\_\_

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- Do you have any allergies (seaweed, aloe, nuts, etc)? \_\_\_\_\_
  - If yes, please explain? \_\_\_\_\_

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- Do you have high blood pressure? \_\_\_\_\_
  - Do you have a medical condition that would affect your immunity?  
\_\_\_\_\_
  - If yes, please explain? \_\_\_\_\_

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- Do you have any other concerns that we should be aware of?  
\_\_\_\_\_
  - If yes, please explain? \_\_\_\_\_

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- Do you have any varicose veins? \_\_\_\_\_
  - Are you currently being treated by a doctor for a hand/foot condition?  
\_\_\_\_\_
  - If yes, please explain. \_\_\_\_\_
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- Any other concerns I should be aware of? \_\_\_\_\_
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I have, to the best of my knowledge, given an accurate account of my medical history including all known allergies or prescription drugs or products I am currently ingesting or using topically. I have read and fully understand this agreement and all the information detailed above. I understand the procedure and accept the risks. All of the questions have been answered to my satisfaction, and I agree with the terms of this agreement. I do not hold the aesthetician/competitor, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

I also grant Skills Compétences Canada to use pictures of my hands for promotional or educational material. I understand there will be no names associated with the photos.

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

Aesthetician/Competitor Signature: \_\_\_\_\_