

Pedicure Intake Form

It is important to us that we understand your needs prior to performing the Pedicure Service.

Please take a moment to answer the questions below so we may optimize your experience and address any concerns you may have.

Thank you

We look forward to helping you with your foot care needs



Client Profile

Name
Phone #
Email

Please answer yes or no	YES	NO
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease?	<input type="checkbox"/>	<input type="checkbox"/>
Circulatory problems?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Any form of Arthritis?	<input type="checkbox"/>	<input type="checkbox"/>
Skin Conditions of the feet?	<input type="checkbox"/>	<input type="checkbox"/>
Neurothapy?	<input type="checkbox"/>	<input type="checkbox"/>
Fibromyalgia?	<input type="checkbox"/>	<input type="checkbox"/>
Lupus?	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive to heat or cold?	<input type="checkbox"/>	<input type="checkbox"/>
Are you experiencing pain in your feet or legs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you do at home care?	<input type="checkbox"/>	<input type="checkbox"/>
Any allergies?	<input type="checkbox"/>	<input type="checkbox"/>

If YES to any of above, please explain

Choose your experience

Beverage	<input type="checkbox"/>
Relaxing	<input type="checkbox"/>
Quiet	<input type="checkbox"/>
Toe nail polish	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>
Reading	<input type="checkbox"/>
Social	<input type="checkbox"/>
In a hurry	<input type="checkbox"/>
I like Massage	<input type="checkbox"/>
I don't like Massage	<input type="checkbox"/>
Ingrown Nail Relief	<input type="checkbox"/>
Toenail restoration	<input type="checkbox"/>

Any special request?

Professional notes