



Remedial Wellness Centre

Nail Treatment Intake Form

Date: _____

Name: _____ MALE FEMALE

Address: _____ City _____ Prov: _____

Postal Code: _____ Home Phone: _____

Email: _____

Date of Birth: _____ (dd/mm/yyyy) Occupation: _____

Whom may we thank for referring you? _____

Health History

Do you now or have you had:

Diabetes	Yes	No	Heart Disease	Yes	No
Stroke	Yes	No	High Blood Pressure	Yes	No
Athletes Foot	Yes	No	Skin Problems	Yes	No
HIV/AIDS	Yes	No	Hepatitis	Yes	No
Blood Clots	Yes	No	Numbness/Tingling	Yes	No
RLS	Yes	No			

List previous injuries and/or surgeries (pertaining to treatment only):

Are you or could you be pregnant? Yes No If yes, how many weeks? _____

Foot Health

Do you now or have you had:

Bacterial or Fungal Infection	Yes	No	Ingrown Toenails	Yes	No
Dry Skin	Yes	No	Spurs	Yes	No
Corns or Calluses	Yes	No	Hammer Toe	Yes	No
Warts	Yes	No	Numbness/Tingling	Yes	No
Cracked Heels	Yes	No	Peeling Skin	Yes	No
Bunions	Yes	No	Rough Skin	Yes	No
Prone to Cold Feet	Yes	No	Foot or Shoe Odor	Yes	No
Sweaty Feet	Yes	No	Tired/Swollen Legs	Yes	No

Hand Health

Do you now or have you had:

Bacterial or Fungal Infection	Yes	No	Ingrown Nails	Yes	No
Dry Skin	Yes	No	Arthritis	Yes	No
Ganglion Cyst	Yes	No	Hand/Finger Injuries	Yes	No
Warts	Yes	No	Numbness/Tingling	Yes	No
Carpal Tunnel Syndrome	Yes	No	Psoriasis on hands	Yes	No
Cracked Skin	Yes	No	Hives on hands	Yes	No
Prone to Cold Hands	Yes	No	Eczema on hands	Yes	No

Wellness History

Have you ever received professional nail care treatments before? _ Y N

Date of last treatment_____

What products are you currently using on your hands/feet?

Are you currently under a physician's care for a skin condition or any other health issue?

Do you have any allergies or have you ever had a negative reaction to cosmetics, iodine, shellfish, fruits, or vegetables?

Do you have areas that are sensitive to touch or pressure in the areas being treated?

Do you have any concerns about your health today or do you have any questions for your aesthetician?

How much time do you spend on your feet per day? _____

How much time do you spend working with your hands per day? _____

Client Consent to Treatment & Cancellation Policy

I understand that the treatment I am about to receive is for the well-being of my body and mind and I agree to communicate with my aesthetician at any time if I feel as though my well-being is being compromised. I understand that all therapists at Remedial Wellness Centre are licensed professionals who are not health care providers who diagnose illness or diseases or prescribe medical treatment.

I understand the benefits and risks to manicure and pedicure treatments.

I understand that all implements and stations are disinfected or sterilized for my protection and I may ask the nail tech to explain infection control procedures.

I am also aware that certain conditions regarding my health may prevent me from having some services.

I have stated all medical conditions that I am aware of and will update my therapist if anything changes in my health status. I understand that with any treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur.

To insure my safety, I have given an accurate account of my medical history including all known allergies or products I am currently using topically.

In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult my aesthetician as soon as possible.

For my own relaxation and that of other clients I will silence my cell phone and refrain from making or receiving calls until my service is complete.

Out of respect for our practitioner's time, as well as yours, we will be charging a 50% cancellation fee for no show or cancelled appointments without 12 hours' notice.

By signing this confidential form, I agree to the above terms and release Remedial Wellness Centre and its employees from any liability.

Signature _____

Date _____