



# Manicure/Pedicure Consultation

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell # for confirmations: \_\_\_\_\_

DOB: \_\_\_\_\_

How did you hear about us or who can we thank for your visit today? \_\_\_\_\_

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## CHECK ANY THAT APPLY TO YOU

Arthritis

High Blood Pressure

Diabetes

Cancer

Infectious Disease

Pregnancy

Allergies (plants, trees, salt, sugar)

Any other medical condition not mentioned that could interfere with the treatments you are about to receive

Please describe all allergies and above items checked: \_\_\_\_\_

Please list any medication you are taking: \_\_\_\_\_

I confirm (to the best of my knowledge) that the information I have provided is accurate and complete. I have not withheld any information that may be relevant to my treatment and/or the results thereof. I am aware that there are often inherent risks associated with skin care services including manicures and pedicures, and that the services I am about to receive could have unfavorable results including, but not limited to allergic reaction, irritation, burning, redness, scarring, soreness, etc. By signing below, I further agree that I will not hold A Touch of Moore Day Spa or its affiliates or any of its employees responsible should there be any unfavorable outcome or result.

X \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_  
client signature if under 18; Parent signature