

**Nail Evaluation and Intake Form**

Name: (Please Print)

Have you ever had professional nail service?

When was your last appointment?

What did you have done?

How often do you have nail appointments?

What hand and nail products do you frequently use?

How long does your polish usually last? **Fingers** **Toes**

What hobbies/activities do you have that directly affect your nails?

Do you bite your nails?

Please Circle all that apply:

Do your nails: **Split** **Crack** **Break** **Peel**

Are your nails: **Too Hard** **Too Soft**

Are your cuticles: **Dry** **Cracked** **Rugged** **Torn** **Inflamed/Red**

On your hands or feet do you have:

**Calluses** **Corns** **Warts** **Athletes Foot** **Open Wounds/Cuts** **Varicose Veins**

**Sores** **Tenderness** **Bruises** **Ingrown Nails** **Fungus** **Contagious Disease**

Are you diabetic? **Y** **N** Are you pregnant? **Y** **N**

Have you ever been diagnosed or treated for a contagious disease including but not limited to:

HIV HEPATITIS AIDS

Have you ever been treated for cancer? (How long ago and what kind?)

Are you on any medications, herbs, supplements, homeopathic regimens, or o.t.c. medications?

By signing below you acknowledge that you have read and answered honestly and truthfully to the best of your ability all questions. Bodyworks reserves the right to refuse service to anyone for any reason. In accordance with the law your service provider can not prevent, diagnose, cure, or treat any conditions. All services are cosmetic in nature and are provided at your own consent for the purpose promoting health and beauty. I do not hold BodyWorks or any of its employees liable for the experience I have as individual expectations vary. You are responsible for informing BodyWorks of any and all medical changes.

Signature: (Parent or guardian if under 18):

Date: