

Natural Concepts Salon & Day Spa

Manicure/Pedicure Application

In order to maximize the effectiveness and safety of your pedicure, please take the time to carefully fill out this questionnaire. This information will be treated confidentially. Your feedback is appreciated during and at the end of the sessions to help in tailoring the pedicure to serve you in the best possible way.

Name _____ Date _____

Address _____ DOB _____

Occupation _____

Phone (H) _____ (W) _____

Do you prefer firm pressure or a light touch? _____

Have you had surgery on your feet? _____

Are you presently under a doctor or therapist's care? _____

If so, for what? _____

Have you ever had a professional pedicure? _____

Are you pregnant? _____

If so, in what trimester? _____

Medical History

____ Fibromyalgia ____ Diabetes ____ Hepatitis

____ Skin Rash ____ Aids/HIV+ ____ Psoriasis

____ Skin Sensitivity ____ Allergies ____ Fungus

Are you currently taking any medication? _____ If so, what? _____

According to Illinois State Law, our spa employees do not cut cuticles or use foot razors for sanitation reasons. We apologize for any inconvenience.

The Board's laws and regulations prohibit cosmetologists from working on a person with an infection or communicable disease. It also prohibits them from massaging any person's skin if it is inflamed or infected, or where an eruption is present. Thus, if a client has athlete's foot, eczema, or other similar conditions, the technician must, by law, refuse the service in order to protect other customers.

I understand that cosmetologists/nail technicians are not trained in the diagnosis and treatment of diseases. I confirm that I have consulted a medical doctor for all reasons that I may need to and have authorization to receive a pedicure/manicure. By signing the release, I do hereby waive and release the cosmetologist/nail technician from all liability, past, present and future.

Signature _____ Date _____

