

PH-267 Nails

CLIENT _____ NAIL SERVICE _____

Preferred Appt Times ____ AM/PM Day ____ Appt. Freq. 1Wk 2 Wks 3 Wks 4 Wks

Date	*Rating	Product / Service / Remarks	Color	\$Fee	Retail

• **New** •
IMPROVED!
Internet Ready
Get Connected

**Oregon
Compliant**

● **PROFESSIONAL SERIES** ●

“Confidential General Information Only”
Not a Release or Legal History Document

**NEW
IMPROVED!**
For 2007

Nail Client Profile & History™

In order to provide you with the best possible services.....please complete the following:

NAME _____ **Date** ____/____/____ Technician _____ Lic # _____

Bus: _____ **Res:** _____ **Cell:** _____

Address: _____

City _____ **State** _____ **Zip** _____

Occupation _____ Hobby _____

eMail/Web/URL _____ @ _____ PC Palm Pilot _____ Is your skin _____ Dry Oily _____ Reflexology _____

Birth Date ____/____/____ First Visit Date _____ **What is your favorite?** Polish Colors _____

Preferred Appt Times ____ AM/PM Day of week _____ Nail Shape & Length _____

Appt. Frequency 1Wk 2 Wks 3 Wks 4 Wks Radio Station _____ Magazines _____

Medical or Skin Conditions Bleeding Disorders Medications What attracted you to our salon? Friend Location

Allergies to Topical Solutions Medicines Health Problems Mail Ads Salon Web Site My Nailtech moved here.

Complications at a Nail Service _____ Other _____

Oral Contraceptives? Pregnant? Trying to be? Referred by _____

Personal Nail Treatment & Product: Hand Lotion _____ Nail Glue _____ Cuticle Oil _____

Polish _____ Top Coat _____ Other _____

REMARKS: _____

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✓ Client Follow-up: Gift Birthday Thank-Y Missed Referral Holiday

*Rating 1-2-3 (1-No lifting or repairs, 2-Moderate lifting or repairs, 3-Severe Breakdown or replacement)

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