Nail services

Images by B

Client Profile

Name:_____
First mi last

Complete Mailing Address:_____

City:_____State_____Zip_____

Phone: ( )_____ email:_____@_____

Work: ( )_____ Birthday:_____(month)_____(day)

Alt Phone:_____

How did you hear about our salon?

_____Referral _____Location/Sign _____Newspaper Ad _____Yellow Pages _____Web page
Other:_____

We would like to thank the person who referred you to our salon, could we please have their name?

Would you like to be put on our email list for special offers and/or newsletter for our clients?_____yes _____no
Your email address will not be given out or sold.

I am:

____Sporty ____Working person outside of home ___Working person in home ____Non-working

I would describe my skin as:

____dry ____oily

I have a history of:

____Diabetes ____Cancer ____Heart Problems ____Allergies

I take the following medication (s):_____

I:

____am a nail biter ____am a cuticle biter ____pick at my nail extensions

I am:

_____rough on my nails ____kind to my nails