

## Pamper and Polish

First name:	Surname:	Date of birth:     /     /
House / flat no:	Street:	
Town / Area:	City:	Postcode:
Telephone:	Mobile:	Email:

	Yes	No
Are you on any medication?		
Do you have any allergies? If <b>yes</b> , please state:		
Are you pregnant or breast feeding?		
Do you suffer from diabetes?		
Do you suffer from any skin conditions? If <b>yes</b> , please state:		
Do you suffer from epilepsy?		
Do you suffer from any respiratory conditions?		
Do you suffer from any heart or circulatory conditions?		

	Right	Index	Middle	Ring	Little	
	Thumb					B – Broken R – Ridged D – Dry W – Weak I – Infected L – Lifting DC – Dry cuticle EC – Excessive cuticle H - Healthy
	Thumb					

I have freely disclosed the above information and I understand I am responsible for informing the therapist should any of the above information change prior to my next treatment. I also agreed to provide at least 24 hours notice to cancel future appointments.

Clients signature: ..... Date: .....

