

# La Bella Dona Skin Care

## NAIL CARE QUESTIONARE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Cell provider: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ DOB: \_\_\_\_\_ Referred by: \_\_\_\_\_

**In order for us to best service your nail needs, please answer the following questions:**

**Do you have any nail infections?** \_\_\_\_\_

**Are you pregnant?** \_\_\_\_\_

**What medications do you take?** \_\_\_\_\_

**Have you ever had a stroke, heart attack or a blood clot? If yes, when?** \_\_\_\_\_

**Are you a diabetic:** \_\_\_\_\_

**Have you ever been diagnosed with an infection disease (i.e. HIV Positive or Hepatitis A or B)?** \_\_\_\_\_

**What known allergies do you have?** \_\_\_\_\_

La Bella Dona Skin Care reserves the right not to service a client due to disease or potential contamination of service area. Clients with nail infections, of any kind, may be required to bring their own service tools and polish to prevent spreading infection.

La Bella Dona Skin Care reserves the right to charge for appointments canceled or broken without 24 hours notice. Due to the potentially hazardous chemicals in the salon, please make other arrangements for your children on appointment days. La Bella Dona will not be held accountable for injury or accidents to, or caused by, unsupervised children. From this date forward, clients will be responsible for informing the service provider of **ANY** and all changes to this form.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_