

# Brilliant Bodywork

## *Nail Care Pampering Form*

Name \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

How would you prefer that we contact you? #1 \_\_\_\_\_ #2 \_\_\_\_\_

What services brought you into our spa? \_\_\_\_\_

Do you have any medical conditions that we should be aware of, such as allergies, diabetes or other circulation disorders, slow healing, sensitivity to any cosmetic ingredients? Are you pregnant?

\_\_\_\_\_  
\_\_\_\_\_

How would you like your nails, hands, and feet to be different than they are today?

\_\_\_\_\_  
\_\_\_\_\_

What nail services have you enjoyed in the past? How could we improve the experience?

\_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Are you preparing for a special occasion? \_\_\_\_\_

What is your activity level / occupation? \_\_\_\_\_

Do you play any sports that take a toll on hands or feet? \_\_\_\_\_

What products do you currently use on your hands, nails, and feet?

\_\_\_\_\_  
\_\_\_\_\_

Are there any special concerns you would like to discuss with your spa professional?

\_\_\_\_\_  
\_\_\_\_\_

# Brilliant Bodywork

## Nail Care Pampering Form

(use the letter x to mark the appropriate response)

CONDITION	NEVER	AT TIMES	FREQUENTLY
Cold Feet			
Dry Skin			
Cracked Skin			
Itchiness			
Peeling Skin			
Sweaty Feet			
Hot Feet			
Blisters			
Skin Fungus			
Nail Fungus			
Discolored Nails			
Thick Nails			
Tired Sensation In Legs			
Heavy Sensation In Legs			
Foot Odor			
Callus Build-Up			
Corns			
Plantar Warts			

What improvements would you like to see in your feet? \_\_\_\_\_

---

---

---

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

Thank you for allowing us to get to know and serve you more effectively. If we can answer questions at any time, please feel free to contact any staff member. It is our pleasure to have you as our guest.