

## Skills BC Manicure Consultation Form

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

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

Are you diabetic? \_\_\_\_\_

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

Do you take blood thinners? \_\_\_\_\_

Do you take any form of cortisone? \_\_\_\_\_

Do you have any nail or skin fungus or warts? \_\_\_\_\_

Do you have any skin conditions? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Do you have high blood pressure? \_\_\_\_\_

Do you have a medical condition that affects your immunity? \_\_\_\_\_

Do you have any other concerns we should be aware of? \_\_\_\_\_

Do you have varicose veins? \_\_\_\_\_

Are you allergic to any of the following? ( \*Seaweed\* \*Aloe\* \*Nuts\* ) \_\_\_\_\_

Are you currently being treated by a doctor for a hand or foot condition?

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Any other concerns? \_\_\_\_\_

I hereby declare, to the best of my knowledge, that I have provided an accurate account of my medical history, including any known allergies or prescription medications or products I am currently ingesting or using topically. I have read and fully understand this agreement and all information outlined above. I understand the procedure and accept the associated risks. All of my questions have been answered to my satisfaction, and I consent to the terms of this agreement. I do not hold the esthetician (competitor), whose signature appears below, responsible for any conditions that were present but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

I grant Skills BC permission to use photographs of my hands for promotional or educational materials. I understand that no names will be associated with the pictures.

Guest Signature: \_\_\_\_\_

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

Competitor / Esthetician Signature: \_\_\_\_\_

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