

Skills BC Manicure Consultation Form

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: _____