

Ultimate Massage

Manicure and Pedicure Intake Form

Full Name: _____ Date: _____

Address: _____

City/State _____ ZIP Code _____

Phone: _____ Date of Birth: _____

E-mail Address: _____

Emergency Contact: _____ Phone: _____

How did you hear about Ultimate Massage Spa? _____

Date of your last professional manicure or pedicure _____

How often do you get professional manicures and pedicures? _____

What hand and nail products do you most frequently use?

How long does your nail or toe polish usually last? _____

*For the questions below, when applicable please circle **all** the answers that apply:*

Do your nails: Split Peel Crack Break

Are your nails: Too Soft Too Hard

Are your cuticles ever: Dry Torn Ragged Inflamed Red

On your hands/feet, do you have: Calluses Corns Ingrown Nails Warts Athlete's Foot

Does the skin on your hands or feet ever: Crack Break Open Bleed

On your hands or feet, do you have: Open Wounds Cuts Sores Bruises Tenderness

Are you diabetic? Y N

Are you pregnant? Y N

Have you ever had or do you now have a nail infection on either your fingernails or toenails? If so, please explain: _____

How would you like to improve your hands, feet, and nails?

Complete and Sign back 

Turn Over

Have you ever been diagnosed with an infectious disease, including any of the following:

AIDS HIV Hepatitis A or B

If so, please explain: _____

Please list any known allergies, such as to food, medicines, scents, plants/grass/trees, etc.: _____

Please list any medications you take, including oral, topical, blood thinners, pain relievers, etc.: _____

By signing below, you attest that you have provided accurate and current information on this form and answered all medical and health-related questions truthfully and completely. Your signature also certifies that you understand that Ultimate Massage Spa reserves the right to deny service to any client due to a health condition he or she has that may pose a potential risk to practitioners or other clients, including those that pose a risk of potential contamination to service areas. Furthermore, signing below verifies that you understand that you are responsible for informing Ultimate Massage Spa and /or its manicure and pedicure technicians of ANY and ALL changes to your health condition as regards any question on this form or any potential public health risk that may arise from any change in your health condition.

Print Name _____

Signature _____

Today's Date _____

Consent to Treatment of Minor: By my signature below, I hereby authorize all Ultimate Massage Spa technicians/therapists to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ Date _____