

CLIENT CONSULTATION FORM

NOTE TO TECHS:

[Insert salon name, address, phone, and logo here or
just copy your business card]

[Back should be lined to make notes]

Name _____

E-mail _____

Address (city, state, zip) _____

Phone (home) _____ (cell) _____ (work) _____

How would you prefer we contact you? #1 _____ #2 _____

What services brought you into the salon? _____

Do you have any condition that could affect service options, 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 services have you enjoyed in the past? How would you have improved 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 salon professional?

Thanks so much 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.