

Nail Service Intake & Consent

Client intake form for manicure, pedicure, gel, acrylic, and nail enhancement services

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Service Details

Services Requested *

- | | | |
|--|---|---------------------------------------|
| ☐ Basic Manicure | ☐ Basic Pedicure | ☐ Gel Manicure |
| ☐ Gel Pedicure | ☐ Acrylic Full Set | ☐ Acrylic Fill |
| ☐ Dip Powder | ☐ Nail Art | ☐ Nail Repair |
| ☐ Gel/Acrylic Removal | | |

Health Screening

Do you have any of the following?

- | | |
|--|--|
| ☐ Nail fungus | ☐ Ingrown nails |
| ☐ Warts on hands or feet | ☐ Nail psoriasis |
| ☐ Open wounds or cuts on hands/feet | ☐ None of the above |

Do you have allergies to acrylics, gel, acetone, or latex? *

- ☐ Yes ☐ No ☐ Unsure

If yes, please describe

Do you have diabetes or poor circulation? *

- ☐ Yes ☐ No

Are you currently pregnant? *

- ☐ Yes ☐ No

Consent & Waiver

Acknowledgments:

1. I understand that nail enhancements (gel, acrylic, dip) may cause temporary weakening of natural nails.
2. I understand that improper removal at home can damage my natural nails.
3. I will inform my technician of any discomfort, burning, or pain during the service.
4. I understand that allergic reactions to nail products can develop even after previous use without issues.
5. I release the salon from liability for reactions to products or services.

I understand the risks associated with nail services and agree to the terms above.

I have read and agree to the above: _____

Consent & Signature

I consent to the nail services described above. I have disclosed all relevant health information. I release the salon and technician from liability for any adverse reactions.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY

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