

Name:		Date: / /
Address (Street):	Age:	Birthday: / /
City/Town:	County:	Postcode:
Home: ( )	Mobile:	Email:
How would you prefer we contact you? #1		#2
How Did You Hear About Tip Top Nails?		
What services brought you to Tip Top Nails?		

IN ORDER FOR US TO BEST SERVICE YOUR NAIL NEEDS, PLEASE ANSWER THE FOLLOWING QUESTIONS:

How would you like your nails, hands, and feet to be different than they are today?
What services have you enjoyed in the past?
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?
If you work outside the home, what type of duties do you perform on a daily basis?
Do you do a lot of work around your home such as cooking, cleaning, gardening, etc? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please explain:
How many children do you have and what are their ages?
Do you have, or have you had, a history of: Diabetes <input type="checkbox"/> Heart Disease <input type="checkbox"/> Thyroid Problems <input type="checkbox"/> Circulatory or Muscular Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Cancer <input type="checkbox"/> Allergies <input type="checkbox"/> Other <input type="checkbox"/> Sensitivity to any cosmetic ingredients <input type="checkbox"/>
What type of treatment has been prescribed?
Are you currently taking any medication, whether prescribed or over-the-counter? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please
Explain:
Do you have any condition that could affect service options, such as allergies, diabetes or other circulation disorders, slow healing, etc.
Please explain.
Do you have any special concerns you would like to discuss?
Are you currently under any type of excessive stress? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>

Is your skin: Dry <input type="checkbox"/> Oily <input type="checkbox"/> Normal <input type="checkbox"/> Combination <input type="checkbox"/>
Do you have history of picking or biting at your nails or cuticles? Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/>
Have you ever had an allergic reaction to any type of nail enhancement or other nail related product? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain:
Have you ever experienced a nail infection of any sort? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please Explain
Have you always worn nail enamel/polish with your nail enhancements? Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/>
Would you prefer the option to wear a Permanent French Manicure? Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional information:

Client Signature:	Tech Signature:
Please Print Name:	Lorane Tilbrook - Tip Top Nails

*All information will be held in complete confidence. Tip Top Nails will not divulge your info to any other parties. You are not obligated to answer any questions that make you uncomfortable. We respect your time and strive to be timely, in the rare instance when we may be running late we will always try to contact you; we ask that you do the same. Tip Top Nails Reserves the right to charge £15 for appointments cancelled or broken without 24 hours notice. If you are unable to keep an appointment please call at least 24 hours in advance to cancel. Due to the potentially hazardous chemicals used in enhancements, please make other arrangements for your children on appointment days. Tip Top Nails will not be held accountable for injury or accidents to, or caused by, unsupervised children.*

**Thank you for your custom.**

I promise to always do my best to give you beautiful and healthy fingers and toes - so