

# NAIL TECHNICIAN CLIENT RECORD CARD

Client Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Health and Medical Information:

Do you have any allergies? If yes, specify: \_\_\_\_\_

Do you have any skin conditions? If yes, specify: \_\_\_\_\_

Are you currently pregnant? \_\_\_\_\_

Do you have any circulatory conditions? \_\_\_\_\_

Are you currently taking any medications that may affect nail services? \_\_\_\_\_

Any other health concerns we should be aware of? \_\_\_\_\_

## Client Nail and Service History:

Have you had nail enhancements before? (e.g., acrylic, gel, dip powder): \_\_\_\_\_

Are you currently wearing any nail enhancements? \_\_\_\_\_

Do you have any nail infections or diseases? \_\_\_\_\_

Have you had any adverse reactions to nail products in the past? \_\_\_\_\_

Preferred nail shape and length: \_\_\_\_\_

Additional notes or preferences: \_\_\_\_\_

## Services Requested:

- Manicure
- Pedicure
- Acrylic Nails
- Gel Nails
- Dip Powder
- Nail Art
- Other (specify):

## Terms and Conditions:

1. Client acknowledges that nail services involve the use of chemicals and tools that may cause allergic reactions or injury.
2. Client confirms all health information provided is accurate and complete to the best of their knowledge.
3. Client agrees to inform the technician immediately of any discomfort or adverse reactions during the service.
4. Technician will perform services in a professional manner but does not guarantee results or outcomes beyond reasonable expectations.
5. Client understands that services are provided AS-IS and accepts all risks associated with nail treatments.
6. Client releases the technician and salon from liability for any damages, injuries, or losses arising from services rendered.
7. Payment is due at the completion of services and cancellations must be made at least 24 hours in advance.
8. This record card will be kept confidential and used solely for the purpose of providing nail services.

**CLIENT SIGNATURE**

**TECHNICIAN SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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