Welcome to CoCo Nail Lounge

Please help us to serve you by completing the client information form.

Date________/________/________
month day year

First name______________________________ Last name_______________________________

Address ____

City _____________________________________ Prov __________ Postal Code___________
Home phone (_____) _____-________

Work phone (_____) _____-________

Other phone (_____) _____-________

Email address: ____

I wish to receive CoCo Nail Lounge internet special notices. Yes / No

Gender: ___ Male ___Female

Date of Birth ________/________/________
Month day year

Occupation____

How did you learn about CoCo Nail Lounge? (Please indicate all that apply)

__ TV
__ Radio
__ Newspaper
__ Gift Certificate
__ Search engine
__ coconaillounge.com
__ A Web link
__ Yellow pages
__ Drove by
Referred by ______________________
Other____________________________

For your comfort and safety, please complete the health history information on the reverse of this page.

Health History
Have you ever had a reaction to personal care products? Yes No

If yes, please list____

Are you allergic to any medications?

If yes, please list____

Are you taking any medications at present?

If yes, please list____

Do you smoke? Yes No
Are you pregnant? Yes No

Do you have a history of any of these health conditions?

High Blood Pressure	Yes No	Diabetes	Yes No
Bleeding Problems	Yes No	Seizure	Yes No
Heart Problems	Yes No	Cancer	Yes No
Claustrophobia	Yes No	Thyroid Problems	Yes No
Skin Condition	Yes No	Radiating Pain	Yes No
Nail Fungus	Yes No	Systemic Disease	Yes No
Spinal Problems	Yes No	Varicose Veins	Yes No
Blood Clots	Yes No	Arthritis	Yes No
Acute Injury	Yes No		

If yes, please elaborate____

____

Have you ever had surgery? Yes No

If yes, please explain____

Do you wear contact lenses? Yes No

Do you have any other medical conditions or a nut allergy of which we should be aware?
Yes No
If yes, please list____

What type of massage pressure do you prefer in your manicures & pedicures?
__ Light __ Medium __ Firm

This is to confirm and acknowledge that the above-mentioned information is correct and accurate to my knowledge and that I give consent for my treatment.

Signature ________________________________ Date _______________