Skills Canada - Nova Scotia

Manicure Consultation Form

Date: _____

Name:_____

Are you a diabetic? _____
Pregnant? _____
Do you take blood thinners? _____
Do you take any form of Cortisone?_____
Any nail/skin fungus, warts? _____
Do you have any allergies? _____
High Blood Pressure?_____
Do you have a medical condition that would affect your immunity?

_____
Do you have any other concerns that we would need to be aware of?

_____
Do you have any Varicose Veins?_____
Allergies (*Seaweed *Aloe *Nuts)? _____
Are you currently being treated by a doctor for a hand/ foot condition?

_____
If yes, please explain:

_____

_____

Any Concerns?

_____

_____

I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically. I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician (student), whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

I grant Skills Canada - Nova Scotia to use photographs of my hands for promotional or educational material. I understand there will be no names associated with pictures.

Guest Signature: _____

Date: _____