Manicure/Pedicure Intake Form

Recent surgeries?_________________________________Allergies_________________________

Are you on any medications? If so, please list:____

If you have any of the following please check:

( )Seizures	( )Hi/low blood pressure	( )Cancer	( )Heart disease
( )Fibromyalgia	( )Skin infection	( )Internal infection	( )Herpes
( )Tuberculosis	( )Varicose veins	( )Phlebitis	( )Hernia/Rupture
( )Thrombosis	( )Hematoma	( )Pregnancy	( )Fractures
( )Sciatica	( ) Liver/Kidney disease	( )Arthritis	( )Bursitis
( )Pinched nerves	( ) Vascular disease	( )Ulcers	( )Broken nails
( )Foot/nail Fungus	( )Cramps	( )Migraines	( )Sprain/strain
( )HIV	( )Depression	( )Recent surgeries	( ) Active Foot Infection
( )Muscle soreness from exercise			

I have read the above information and discussed it with my practitioner. I understand that this work does not constitute medical treatment or diagnosis, but rather a form of heath/beauty maintenance. I certify that the above statements are accurate and I have no other health impairments to extremity/nail work. I hereby release Escape & Rejuvenate Therapists from any liability.

Signature ____Date_______________________