



Manicure Consultation Form

Name	
Date of Birth	
Address (Inc. postcode)	
Mobile	
Home number	
Doctors Details	

Please tick Yes or No.

Do you suffer or have suffered from any of the following?

YES

NO

Psoriasis		
Eczema		
Skin sensitivities		
Nail infections		

Do you agree to all the information you have given to be correct?

Yes

No

Do you have any other health issues or medication we need details of prior to treatment?

Do you agree to give Porefexion Aesthetics Ltd permission to take and use Before and After pictures of treatments performed on our website or social media?

Yes

No

We are committed to protecting our clients privacy and sensitive details. And respect all your rights under GDPR. We only use contact details within our business. To view our full policy please ask a member of our team.

Clients Signature _____ Therapist Signature _____

Date _____

Date	Treatment	Extra information						Therapist Signature																					
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Bitten (B) Damaged (D) Ridged (R) Separation (S)
Infection (I)