



BON AIR MED SPA MANICURE & PEDICURE

NAME: _____ DATE: _____

ADDRESS: _____ CITY _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____ HOME & CELL: _____

HOW DID YOU HEAR ABOUT US? _____ DOB: _____

PLEASE LIST ANY MEDICATIONS YOU TAKE OR USE (INCLUDE ORAL, TOPICAL, BLOOD THINNERS, PAIN RELEIVERS, ETC.) _____

DO YOU HAVE ANY KNOWN ALLERGIES? (FOOD, MEDICINE, ENVIRONMENT, ETC.) IF YES, PLEASE EXPLAIN:

ARE YOU A DIABETIC? Y OR N

HAVE YOU EVER BEEN DIAGNOSED WITH AN INFECTIOUS DISEASE? Y OR N

(i.e. HIV positive, Hepatitis A or B? IF YES, PLEASE EXPLAIN.

ARE YOU PREGNANT? Y OR N

ARE YOU TRYING TO CONCIEVE? Y OR N

BON AIR MED SPA RESERVES THE RIGHT NOT TO SERVICE A CLIENT DUE TO DISEASE OR POTENTIAL CONTAMINATION OF SERVICE AREA. BON AIR MED SPA ALSO RESERVES THE RIGHT TO CHARGE FOR APPOINTMENTS CANCELED OR NO SHOW WITHOUT 24 HOUR NOTICE. DUE TO THE POTENTIALLY HAZARDOUS CHEMICALS, PLEASE NO CHILDREN UNDER THE AGE OF 13. CLIENTS WILL BE RESPONSIBLE FOR INFORMING THE NAIL TECHNICAL OF ANY CHANGES TO THIS FORM.

CLIENT SIGNATURE _____