



Client Consultation Form

Name:

Date: / /

Address (Street):

City/Town:

County:

Postcode:

Tel:

Email:

How would you prefer we contact you? Telephone / Email / Don't mind

How did you hear about Gels By Esther?

What services brought you to Gels By Esther?

IN ORDER FOR US TO BEST SERVICE YOUR NAIL NEEDS, PLEASE ANSWER THE FOLLOWING QUESTIONS:

How would you like your nails, hands, and feet to be different than they are today?

What services have you enjoyed in the past?

Are there any services you have not enjoyed in the past or would prefer to avoid, for example cuticle cutting or foot filing etc. If so, please explain?

Are you preparing for a special occasion?

What is your activity level/occupation?

Do you play any sports that take a toll on hands or feet?



If you work outside the home, what type of duties do you perform on a daily basis?

Do you do a lot of work around your home such as cooking, cleaning, gardening, etc?
Yes *No *

If yes please explain:

How many children do you have and what are their ages?

Do you have, or have you had, a history of (circle any applicable):

- Diabetes
- Heart Disease
- Thyroid Problems
- Circulatory or Muscular Disease
- Hypertension
- Cancer
- Allergies
- Other
- Sensitivity to any cosmetic ingredients

If yes to any of the above what type of treatment has been prescribed?

Are you currently taking any medication, whether prescribed or over-the-counter? Yes* No*

If yes please explain:

Do you have any condition that could affect service options, such as allergies, diabetes or other circulation disorders, slow healing, etc?

If yes please explain:

Do you have any special concerns you would like to discuss?

Are you currently under any type of excessive stress? Yes / No / Don't Know *



Is your skin:

- Dry
- Oily
- Normal
- Combination

Do you have a history of picking or biting at your nails or cuticles?

- Always
- Sometimes
- Rarely
- Never

Have you ever had an allergic reaction to any type of nail enhancement or other nail related product? Yes* No*

If yes please explain:

Have you ever experienced a nail infection of any sort? Yes* No*

If yes please explain:

Additional information:

Client Signature:

Please Print Name:

Tech Signature:

All information will be held in complete confidence. Gels By Esther will not divulge your information to any other parties.

You are not obligated to answer any questions that make you uncomfortable.

We respect your time and strive to be timely, in the rare instance when we may be running late we will always try to contact you; we ask that you do the same.

Gels By Esther reserves the right to charge £15 for appointments cancelled or broken without 24 hours notice.



If you are unable to keep an appointment please call at least 24 hours in advance to cancel.

Due to the potentially hazardous chemicals used in enhancements, please make other arrangements for your children on appointment days. Gels By Esther will not be held accountable for injury or accidents to, or caused by, unsupervised children.

Thank you for your custom.

I promise to always do my best to give you beautiful and healthy fingers and toes