

Nail Client Consultation Form

Fill in before the first appointment. Tell your nail tech if anything changes.

CLIENT DETAILS

Full name

Phone

Email

Birthday

First visit

Preferred contact ☐ Call ☐ Text ☐ Email

OK to send reminders ☐ Yes ☐ No

HEALTH CHECK

Do you have, or have you recently had, any of these? Tick all that apply.

☐ Nail or skin infection (fungal, bacterial)

☐ Cuts, swelling or broken skin near the nails

☐ Eczema, psoriasis or dermatitis on hands/feet

☐ Very thin, weak, bitten or lifting nails

☐ Diabetes

☐ Poor circulation

☐ Recent nail injury or surgery

☐ Pregnancy

Allergies or sensitivities (acrylates / HEMA, latex, adhesives, fragrance, other)

Medication or other health notes your nail tech should know

Ever had itching, redness or swelling after gel or acrylic? ☐ Yes ☐ No

If yes, what happened and which product

NAIL HISTORY & LIFESTYLE

What's on your nails now?

☐ Natural

☐ Regular polish

☐ Gel polish

☐ Builder gel / BIAB

☐ Acrylic

☐ Dip powder

☐ Press-ons

☐ Other

Last nail service (when)

Removed by a pro? Yes / No

Hands often in water, cleaning products or chemicals? ☐ Yes ☐ No

Work, hobbies or sports that are hard on your nails



Nail Preferences & Treatment Record

What the client likes, their consent, and a log of every appointment.

Client name

PREFERENCES

Shape ☐ Square ☐ Squoval ☐ Round ☐ Oval ☐ Almond ☐ Coffin ☐ Stiletto

Length ☐ Natural ☐ Short ☐ Medium ☐ Long ☐ Extra long

Finish ☐ Glossy ☐ Matte ☐ Chrome ☐ Glitter ☐ Nail art

Colors and designs they love

Things to avoid (shapes, colors, cuticle work, filing...)

CLIENT CONSENT

My answers are correct to the best of my knowledge. I'll tell my nail tech about any changes to my health or any reaction after a treatment, and I understand that following aftercare advice helps my nails last.

Client signature

Date

TREATMENT RECORD

Date	Service	Products / colors	Price	Notes for next time

