Diagnostic eau

AQUARIOPASSION

Nom Prénom	Date			
INFO Merci de remplir seulement	RMATIONS SUR VOTI			e)
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Is this your first manicure/pedicure?		Yes	No	
Have you ever experienced allergic reaction or irritation from any type of nail or skin product? if yes, please specify		Yes	No	
it yes, please specity				
 Do you take part in any hands-on activities? 	hobbies or sports	Yes	No	
if yes, please specify				
Please check any	y of the following med	dical or skin c	ondition	
Allergies Diabetes Skin Irritation Skin Inflammation Arthritis	Blood Born I Broken Skin Hemophilia Recent Surg		Cal	nletes foot lluses il Infection rns
How would you	describe the typical	condition of y	our nail	
Soft Hard Bendy	Brittle Flakey Snap Easily		Split Easily Normal	
**I declare that I have read this consult believe I have no medical condition tha true to the best of my knowledge.				
Client's Signature		Attendant's Signature		