



www.pedicureassociation.org

Advocates of Safe Pedicuring Through Education and Support

Client Questionnaire

Client Name:	
Client Telephone Number:	
Date:	
Pedicurist Name:	

1.	Do you have any current medical or health conditions, such as Diabetes, Cancer, skin conditions, infections or other contagious disease?
2.	Do you have any known problems or conditions with your feet or legs? If yes, please provide details including the site of the problem or condition.
3.	Have you suffered from any recent injuries or illnesses? If yes, please give details.
4.	Are you taking any medications, whether prescribed by a doctor or over the counter? If yes, please provide details.
5.	Do you have any allergies to medications or products? If yes, please provide details.

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