



Hoosier Nail Tech

NEW CLIENT INTAKE FORM

At Hoosier Nail Tech we are committed to your health and beauty goals. The following questions will help make our time together as effective as possible. It will help you become familiar with all the services we offer and help us to get to know you better so we can ensure successful treatments in a healthy, safe environment customized for specifically for you.

Date _____ Full Name _____

Address _____ City _____ Zip _____

Cell _____ Home # _____

Email _____

Contact Method: Text _____ Call _____ Email _____ (Please rate from 1 to 3 with 1 being preferred)

Birthday (Month/Day): _____ May I send you special offers? Yes _____ No _____

How did you hear about Hoosier Nail Tech? _____

Do you have any allergies? Yes _____ No _____

Do you have any concerns about your visit? _____

Do you have any medical conditions that are important for us to know about? I.e: Diabetes? High Blood Pressure? Contact Dermatitis? Former Reactions to Salon Products? _____

**Thank you for taking the time to share more about yourself with me today.
I look forward to working with you as your beauty professional.**

WE ACCEPT CASH ONLY. CANCELLATION POLICY: My commitment to you: I will be prepared and on time for you providing you excellent service with the best products every time. I ask that you be on time for every appointment. I set the time aside specifically for you. Because most of my clients are regular or standing appointments, I am unable to fill your appointed time in under 24 hours. Because this is my livelihood, I require at least 24 hours notification via text or phone to cancel an appointment. For reasons other than emergencies, any cancellation or no-show in under 24 hours will incur a fee of \$25 that will be due before we begin your next service.

Signed: _____ **Date:** _____