

# Client Information Card

Name \_\_\_\_\_

Nail Anniversary Date \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_

CSZip \_\_\_\_\_

Diabetic: Y \_\_\_ N \_\_\_

E-Mail \_\_\_\_\_

Allergies: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Special requests or needs:

Fax # (\_\_\_\_) \_\_\_\_\_

Birthdate \_\_\_ / \_\_\_ / \_\_\_

referred by \_\_\_\_\_

## Notes: Personal Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Clients referred:

Name \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Name \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Name \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Name \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

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Name \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

**Pictures: Before & After**