



How did you hear about us?

Friend  Ad  I'm a current patient of Optima Foot and Ankle

Other: \_\_\_\_\_

### *Client Profile and Health Questionnaire*

Name \_\_\_\_\_ Date \_\_\_\_\_ Birth date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ (For coupons and birthday specials)

Do you have any open wounds to your feet/ankles?  Yes  No

Do you have a bleeding disorder?  Yes  No

Do you have sensitive skin?  Yes  No

Do you have an allergy to soaps, lotions or creams?  Yes  No

Do you have:

Diabetes  Nail and/or foot fungus  Swelling in legs/feet

Please list current medications \_\_\_\_\_

\_\_\_\_\_

Please list any allergies \_\_\_\_\_

Client Signature \_\_\_\_\_

**April Douglas, Licensed Nail Technician #COS-NT-1009178**

*Rest Your Sole ...*