


Record Card

Name:	D.O.B:
Address:	
Tel no:	
Condition of nails on the first visit:	
	<hr/> <hr/> <hr/> <hr/> <hr/>
B - Broken M/F - Mold/Fungus L - Lifting Bi - Bitten I - Infected H - Healthy	
Details of previous treatments:	
Details of nail care carried out at home:	
GP Name / Tel no / Address:	
Medical history / Current medication / Allergies:	

Clients Signature:

Technicians Signature: