

# MedFootSpa

Foot & Ankle Centers  
Please print clearly & fill out completely

Account #: \_\_\_\_\_

## GENERAL INFORMATION

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ **e-mail address:** (internal use) \_\_\_\_\_

Home address \_\_\_\_\_ Apt# \_\_\_\_\_

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

Primary contact number/appointment reminders: Cell phone# \_\_\_\_\_  Text  voice

Home \_\_\_\_\_  Work: \_\_\_\_\_ Other: \_\_\_\_\_

Have you ever had a Pedicure/Manicure? Yes  No

## REFERRAL INFORMATION *How did you hear about our Med Foot Spa?*

Google  Facebook  Newspaper Ad  Saw our Sign  Yorkville Theatre  Morris Theatre  Website  
 Twitter  LinkedIn  Dr. Rappette  Dr. Bishop Doctor: \_\_\_\_\_  Other \_\_\_\_\_

## MEDICAL INFORMATION

Are you currently under a physician's care? Yes  No  if so, please discuss during your appointment today  
Are you diabetic? Yes  No   
Do you have a heart condition? Yes  No   
Do you take blood thinners? Yes  No   
Are you pregnant or believe you may be? Yes  No   
Do you have allergies? Yes  No  If yes, \_\_\_\_\_

Are you currently taking medications for any of the above conditions? Yes  No  If yes, \_\_\_\_\_

With respect to your feet, which of these conditions do you experience?

<input type="radio"/> Burning Feet	<input type="radio"/> Corns/Calluses	<input type="radio"/> Cracked Skin
<input type="radio"/> Cold Feet	<input type="radio"/> Peeling Skin	<input type="radio"/> Thick Nails or Discolored Nails
<input type="radio"/> Hot Feet	<input type="radio"/> Ulcers	<input type="radio"/> Callus Build-up
<input type="radio"/> Tired Feet	<input type="radio"/> Warts	<input type="radio"/> Numbness /tingling -foot or toes
<input type="radio"/> Itchiness	<input type="radio"/> Dry Skin	<input type="radio"/> Ingrown Toenails

## CANCELLATION / LATE ARRIVAL

- **Cancellation/No Show FEE: we require 24 hour cancellation notice to avoid a **\$30. fee**.**
- **Late Arrivals:** If you are more than 10 minutes late to your appointment, we may alter your pedicure in the interest of time for the next client or ask you to reschedule.

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Office use only:  entered in eThomas  Christina  Kimberly  Current Practice Patient  New to Spa