

Med Foot Spa

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 a 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

- **Cancellations/No Show - FEE: we require 24 hour cancellation notice to avoid a **\$30.00 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