

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 Radio 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 Melissa Jen Current Practice Patient New to Spa