



GUEST PROFILE

Name: _____ Birth Date: _____

Address: _____

City/State/Zip: _____

Phone: (Home) _____ (Cell) _____

Interests: _____

Hobbies: _____

Sports: _____

Type of work: _____

List any medical conditions or allergies : _____

Have you ever worn enhancements? _____

What products were used? _____

Do you spend time on your own nails? _____

Client signature _____

Nail Professionals notes and comments _____
