



Gervais Day Spa & Salon
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www.gervaisdayspa.com

Client Questionnaire - Manicure / Pedicure

Thank you for choosing Gervais Day Spa & Salon! To ensure you receive the best care possible and that our records are accurate, we ask that you complete this short form. You can be assured that this information will be kept strictly confidential and never shared or distributed. This information is used to ensure accuracy and thoroughness with each and every service experience.

Name: Today's Date:

Address:

City: State: Zip Code:

Phone Number: Cell Number:

Email Address: Date of Birth: Sex:

How did you hear about us?

- Our website AVEDA website Phonebook Walk-by TV
Other
Friend We would like to thank the person who referred you to us. Please tell us their name:

Is this your first manicure/pedicure? Are your feet sensitive?

What type of massage do you prefer?

Do you have any medical or skin conditions? If yes, explain:

Do you have any sensitivities to topical solutions or medicines? If yes, explain:

Do you have any bleeding disorders? If yes, explain:

Other needed info:

Nail Tech: Lic #: