



MedFootSpa

Foot & Ankle Centers
Print clearly & fill out completely.

Account #: _____

Date: ____/____/____

GENERAL INFORMATION

First name _____ MI _____ Last name _____

Date of birth ____/____/____ e-mail address: (internal use only) _____

Home address _____ Apt# _____

City _____ State _____ Zip _____

Primary contact number/appointment reminders: Cell: _____ 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 Saw our Sign Yorkville Theatre Radio Website Friend/Family
 Twitter LinkedIn Dr. Rappette Dr. Bishop Other Physician: _____ Other _____

MEDICAL INFORMATION

Are you currently under a physician's care? Yes No If yes, 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, please list: _____

Are you allergic to soy or nuts specifically? Yes No

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 a 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