

First name _____ MI _____ Last name _____

Have you ever had a Pedicure/Manicure? Yes ☐ No ☐

MEDICAL INFORMATION

Do you have allergies? Yes ☐ No ☐ If yes, please list: _____

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 ☐

Are you allergic to soy or nuts specifically? Yes ☐ No ☐

With respect to your feet, do you experience?

☐ Burning Feet

☐ Cold Feet

☐ Hot Feet

☐ Tired Feet

☐ Itchiness

☐ Corns/Calluses

☐ Peeling Skin

☐ Ulcers

☐ Warts

☐ Dry Skin

☐ Cracked Skin

☐ Thick Nails or Discolored Nails

☐ Callus Build-up

☐ Numbness /tingling -foot or toes

☐ Ingrown Toenails

REFERRAL INFORMATION *How did you hear about our Med Foot Spa?*

☐ Google ☐ Facebook ☐ Instagram ☐ LinkedIn ☐ Newspaper ☐ Sign ☐ Radio ☐ Website ☐ Friend/Family

☐ Dr. Rappette ☐ Physician Name: _____ ☐ Other _____

CANCELLATION / LATE ARRIVAL - We are by appointment only please note below

- **Cancellation/No-Show Fee: A \$50 fee applies without at least 24 hours' notice of cancellation.**
- **Late Arrivals:** arrivals more than 10 min late, may need to reschedule/adjust the service

NEW Clients ONLY - IF you are NOT a patient for Foot & Ankle Centers

Date of birth ____/____/____

Home address _____ Apt# _____

City _____ State _____ Zip _____

Phone # for appointment reminders: Cell (text): _____

NO Mobile Phone # available Please provide emails for reminders: **e-mail** _____

Signature _____ Today's Date _____

Office use only: ☐ entered in eThomas ☐ Melissa ☐ Siobhan ☐ Andrea ☐ Current Practice Patient ☐ Yorkville ☐ Morris