



National Nail Competition

4th & 5th October 2009. RDS, Simonscourt, Dublin



NATIONAL NAIL COMPETITION - CLIENT CONSULTATION CARD

All nail competitors must complete a client card with their models information on, prior to the competition briefing. This is applicable to **ALL** categories except Boxed and Photographic Nail Art.

CLIENT PROFILE	
NAME:	TEL NO; DAY / MOBILE:
	OCCUPATION
ADDRESS:	HOBBIES / INTERESTS:

MEDICAL INFORMATION							
Please tick any of the following that apply to you:							
<i>DIABETIC</i>	<input type="checkbox"/>	<i>PSORIASIS</i>	<input type="checkbox"/>	<i>NAIL INFECTIONS</i>	<input type="checkbox"/>	<i>HAND/FOOT INJURIES</i>	<input type="checkbox"/>
<i>EPILEPTIC</i>	<input type="checkbox"/>	<i>ECZEMA</i>	<input type="checkbox"/>	<i>CANCER/CHEMO</i>	<input type="checkbox"/>	<i>RECENT OPERATIONS</i>	<input type="checkbox"/>
<i>ASTHMATIC</i>	<input type="checkbox"/>	<i>DERMATITIS</i>	<input type="checkbox"/>	<i>CONTACT LENSES</i>	<input type="checkbox"/>		<input type="checkbox"/>
<i>HEART CONDITION</i>	<input type="checkbox"/>	<i>SKIN INFECTIONS</i>	<input type="checkbox"/>	<i>PREGNANT</i>	<input type="checkbox"/>		<input type="checkbox"/>
ANY OTHER MEDICAL CONDITION / DETAILS?							
ARE YOU TAKING ANY MEDICATION (If yes, please state the name and what it is required for)?							
DO YOU HAVE ANY ALLERGIES? (Including fruit or nut)							

I have completed this client card (that will remain confidential) to the best of my knowledge.

I am not knowingly suffering from any transferable disease or infection.

My technician can provide me with eye protection should I choose to wear them.

SIGNED DATE

TO BE COMPLETED BY A NAIL TECHNICIAN ONLY;

NAIL INFORMATION; Please tick appropriate answers.				
NAIL TYPE	<i>NATURAL</i>	<i>EXTENSIONS</i>	<i>OVERLAYS</i>	<i>COMBI</i>
NAILCONDITION	<i>NORMAL</i>	<i>BITTEN</i>	<i>PEELING / SOFT</i>	<i>RIDGES</i>
NAIL SHAPE	<i>ROUND</i>	<i>SQUARE</i>	<i>OVAL</i>	<i>SQUOVAL</i>
CUTICLE TYPE	<i>NORMAL</i>	<i>OVERGROWN</i>	<i>DRY / CRACKED</i>	<i>SOFT</i>
SKIN TYPE	<i>NORMAL</i>	<i>SENSITIVE</i>	<i>DRY</i>	<i>OILY</i>
PREVIOUS NAIL TREATMENTS	<i>NAIL EXTENSIONS</i>	<i>GEL</i>	<i>ACRYLIC</i>	<i>FIBREGLASS</i>
	<i>NATURAL</i>	<i>MANICURE</i>	<i>P. WAX</i>	<i>SPA</i>