

Profiles Medical Customer Record Card

Please bring along to your appointment.

Name.....
Address.....
Tel Number day.....Night.....Mobile.....
Email.....
Fax.....
Occupation.....
D.O.B

Do suffer with any of the following

- Epilepsy
- Diabetes
- Any type of cancer or tumours
- Arthritis, Dermatitis or psoriasis
- Any Skin Allergies
- Any allergies
- Nut Allergies
- Blood disorders
- Thrush
- Haemophiliac
- Hepatitis
- Thrombosis or phlebitis
- Any Muscular problems or condition
- Hyper pigmentation
- Keloid Scarring
- Asthma, Hay fever or Rhinitis
- Pregnancy or recent pregnancy or planning a family
- High Blood pressure
- Low blood pressure
- Bowel disorders
- Cancer
- Disease
- Viral problems
- Fungal problems
- Breast problems
- Liver problems
- Kidneys problems
- Pancreatic problems
- Gall bladder problems
- Ears problems
- Sinus problems
- Allergies and allergic to anything
- Digestive problems
- Heart problems
- Bone problems
- Arthritis
- Migraines
- Sight problems
- Alopecia
- Skin complaints

PROFILES NAIL EXTENSIONS CUSTOMER DISCLAIMER FORM

NAME

ADDRESS.....

TEL NO.....

EMAIL

- I THE ABOVE NAMED HAVE HAD NAIL EXTENSIONS AND HAVE CHECKED THE EXTENSIONS AFTER THE COMPLETION AND I AGREE THAT I AM TOTALLY HAPPY WITH THE WORK PROFORMED BY MY BEAUTY THERAPIST.
- I HAVE BEEN INFORMED IN FULL THAT I WILL NEEDED REGULAR INFILLS TO KEEP MY EXTENSIONS ON AND IN GOOD CONDITION. MY THERAPIST HAS INFORMED ME THAT IF I DO NOT HAVE INFILLS THEN IT WILL BE EASIER FOR THE EXTENSIONS TO COME OFF.
- I HAVE BEEN INFORMED AND UNDERSTAND THAT WHEN I FIRST HAVE EXTENSIONS ON THAT IT IS POSSIBLE FOR THE NAILS TO COME OFF ESPECIALLY IF I AM NOT USED TO WEARING NAIL EXTENSIONS OR I HAVE A SHORT NATURAL NAIL UNDERNEITH MY EXTENSION. I UNDERSTAND THAT IF I LOOSE ANY EXTENSIONS THAT I WILL HAVE TO PAY TO HAVE ANOTHER PUT BACK ON OR REPAIRED.
- I UNDERSTAND THAT CERTAIN PRODUCTS CAN HAVE DAMAGING AGENTS IN THEM AND ANY PRODUCTS THAT I USE ON MY NAIL EXTENSIONS THAT ARE NOT FROM THE SALON OR APPROVED BY THE SALON CAN CAUSE DAMAGE AND I HAVE HAD THIS EXPLAINED TO ME AND FULLY UNDERSTAND THAT I CANNOT HOLD PROFILES RESPONSIBLE IN ANY WAY.
- I HAVE BEEN INFORMED THAT IF I USE MY NAIL EXTENSIONS AS TOOLS OR PICK THEM THEN IT WILL CAUSE DAMAGE TO MY NATURAL NAIL AND I DO THIS AT MY OWN RISK AND CANNOT HOLD PROFILES RESPONSIBLE FOR ANY DAMAGE CAUSED TO MY NATURAL NAILS.
- I HAVE ALSO BEEN INFORMED THAT IF I WEAR MY NAIL EXTENSIONS FOR TO LONG THEN I WILL HAVE A HIGHER RISK OF NAIL DAMAGE AND INFECTION.
- I HAVE BEEN INFORMED THAT PROFILES SELLS A NAIL POLISH REMOVER THAT IS ESPECIALLY DESIGNED FOR POLISH REMOVAL ON NAIL EXTENSIONS HAS A LOT OF RETAIL (SHOP) POLISH REMOVER CONTAINS HIGH ACETONE OR CHEMICAL SOLUTIONS THAT CAN CAUSE DAMAGE AND BRING OFF THE EXTENSION AS WELL AS DRY THE NATURAL NAIL OUT. I UNDERSTAND THAT IF I PURCHASE A POLISH REMOVER NOT FROM PROFILES THEN THE NAIL EXTENSIONS CANNOT BE GUARENTEED AND I CANNOT HOLD PROFILES RESPONSIBLE FOR LOSS OR DAMAGE OF ANY KIND TO THE NAIL EXTENSIONS.
- I HAVE HAD A FULL CONSULTATION BY MY THERAPIST ON THE NAIL EXTENSION PROCEDURE, I FULLY UNDERSTAND THE COMMITMENT AND HOME CARE ADVICE GIVEN TO ME, AND I HAVE ALSO HAD A FULL HOME CARE LEAFLET FROM MY THERAPIST.
- I HAVE BEEN INFORMED THAT IT IS ADVISABLE TO HAVE A WEEKLY MANICURE TREATMENT FOR THE MINIMUM OF 8 WEEKS AFTER WEARING NAIL EXTENSION HAS EXTENSIONS CAN CAUSE DRYNESS AND DAMAGE TO MY NATURAL NAILS AS THEY ARE PURLY COSMETIC AND DO NOT HELP STRENGTHEN THE NATURAL NAIL. I UNDERSTAND THAT MANICURES WILL ENCOURAGE NAIL STRENGH, GROWTH, AND APPERANCE. I UNDERSTAND THAT THERE ARE PLENTY OF NAIL TREATMENTS AVALIBLE PRIOR TO NAIL EXTENSIONS AND FOR AFTER NAIL EXTENSIONS.
- I HAVE BEEN INFORMED THT IS ADVISABLE TO PURCHASE NAIL OIL AS THIS WILL KEEP THE ACRYLIC FROM DRYING OUT AND THAT IT IS TO BE USED EVERY MORNING AND EVENING.

- IF MY NAILS ARE TOO SHORT FOR EXTENSIONS AND AGAINST THE MY NAIL TECHNICIAN'S ADVICE I STILL HAVE THEM ON THAT I TAKE FULL RESPONSIBILITY FOR ANY NAILS THAT MAY COME OFF PREMATURELY.

NAME
(BLOCK).....

.....
SIGNATURE.....

DATE
.....

- I have checked my nail extensions and agree I am happy with them
- I have been given full home care advice
- I understand I need rebalances every 2-3 weeks depending on the speed that my natural nails grow at.
- I understand my nail technician works on time and I will be charged for the time it takes to repair my nail / rebalance my nails etc
- I understand nails extensions can come off
- I understand if I have a nail extension come off then I have to pay for the repair
- Re-polishes will also be charged for
- I understand that if I have any nails that have come off I must inform my therapist prior to my visits of this so the allocated time will be changed, I acknowledge that if I do not then my therapist may not have time to repair damaged nails.
- I have been told that acetone, chemicals and sun products can and will damage my nail extensions.
- I understand the commitment required when having nail extensions.
- I have been informed that it is advisable to use exfoliator on my hand, hand cream and nail oils as these will all promote a healthy growing natural nail.
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Client Signature

Date
