



Where Medi meets Pedi®

Pedicure Information Form

Name: _____

Phone: _____

Email: _____

Please check the appropriate boxes below:

<u>Question</u>	<u>Yes</u>	<u>No</u>
• Are you a diabetic?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>

Current medications: _____

With respect to your feet and legs, which of these conditions do you experience and how often?

CONDITION	NEVER	AT TIMES	FREQUENTLY
Cold Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cracked Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Itchiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peeling Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweaty Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin Fungus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nail Fungus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discoloured Nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thick Nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tired Sensation in Legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy Sensation in Legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot Odour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Callus Build-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plantar Warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What improvements would you like to see in your feet?

Signature: _____

www.footlogix.com



Pedicure Service History

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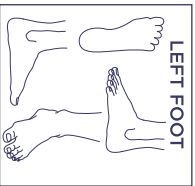
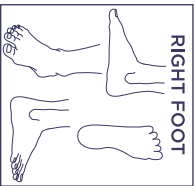
Date

Technician

Observations

Home Maintenance

- 1. Tinea Pedis
Peeling or Rough Skin
- 2. Bunions
- 3. Calluses
- 4. Corns
- 5. Discolouration
- 6. Dropped Metatarsal
- 7. Flat Foot
- 8. Hammer Toes
- 9. Ingrown Nails
- 10. Toenail Fungus



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