



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: _____

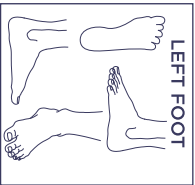
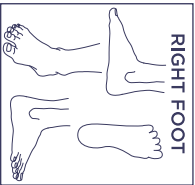
www.footlogix.com



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Pedicure Service History

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



	Date	Technician	Observations	Home Maintenance
RIGHT FOOT				
LEFT FOOT				

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