



Benestar Corp. Benestar Corp.
 2001 W. Main Street Ste. 275
 Stamford, CT 06902
 Tel: 203-541-8940
 Toll Free: 877-373-7899
 corporate@gehwolfootcare.com

Name _____

Address _____

State _____ Zipcode _____

Phone _____

E-mail _____

Birthday _____

Please advise us about any of the following health conditions if you believe it necessary prior to the cosmetic treatment you will receive.

- | | |
|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Edema |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Circulatory Problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hyper/Hypothyroidism |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Mobility Challenges |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Covid-19 Symptoms |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Hot Feet |
| <input type="checkbox"/> Blood Thinners | <input type="checkbox"/> Cold Feet |
| <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Sweaty Feet |
| <input type="checkbox"/> Leg Surgery | <input type="checkbox"/> Bitten Nails |

	Right Foot	Left Foot	Right Hand	Left Hand
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive callus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peeling Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rough Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ingrown Nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discolored Nail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged Nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corns	<input type="checkbox"/>	<input type="checkbox"/>		
Hot Feet	<input type="checkbox"/>	<input type="checkbox"/>		
Cold Feet	<input type="checkbox"/>	<input type="checkbox"/>		
Cracked Heels	<input type="checkbox"/>	<input type="checkbox"/>		



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If you are allergic to any ingredients used in cosmetics, please make sure you also advise your technician to ensure he/she verifies the ingredient of concern is not present in the products used for application:

What kind of cosmetic benefits would you like to see in your hands, nails, and/or feet?

Is there any additional information you'd like to share with your technician prior to the cosmetic treatment?

Policies and Waiver

Rescheduling: A 24-hour notice is required to reschedule or cancel an appointment, or you will be charged in full for the appointment. Payment is due before your next appointment.

Tardiness: Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Type of service may have to be modified to respect the technician and other client schedules. Please arrive at least 5 minutes before your appointment.

The technician has advised me that the cosmetic treatments I am requesting may lead to skin-related reactions such as allergic, chemical, or other related adverse reactions. If any reactions occur I am aware they might cause discomfort, illness, or injury. I voluntarily release the nail technician performing this service and the place of business from any responsibility or liability due to adverse reactions or discomfort perceived or confirmed to be associated with the use of product or the method of application. I agree to the use of the service and by doing so, I will not hold (nail technician name) _____ or (business name) _____ responsible for any undesirable outcomes, whether they occur immediately or at a later date.

Client Signature _____ Date _____