footlogix®
PEDICEUTICALS

Where Medi meets Pedi®

Pedicure Information Form

Name: _____

Phone: _____

Email: _____

Please check the appropriate boxes below:

Question	Yes	No
• Are you a diabetic?	❑	❑
• Do you have any allergies?	❑	❑

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	❑	❑	❑
Dry Skin	❑	❑	❑
Cracked Skin	❑	❑	❑
Itchiness	❑	❑	❑
Peeling Skin	❑	❑	❑
Sweaty Feet	❑	❑	❑
Hot Feet	❑	❑	❑
Blisters	❑	❑	❑
Skin Fungus	❑	❑	❑
Nail Fungus	❑	❑	❑
Discoloured Nails	❑	❑	❑
Thick Nails	❑	❑	❑
Tired Sensation in Legs	❑	❑	❑
Heavy Sensation in Legs	❑	❑	❑
Foot Odour	❑	❑	❑
Callus Build-up	❑	❑	❑
Corns	❑	❑	❑
Plantar Warts	❑	❑	❑

What improvements would you like to see in your feet?

_____

_____

Signature: _____

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