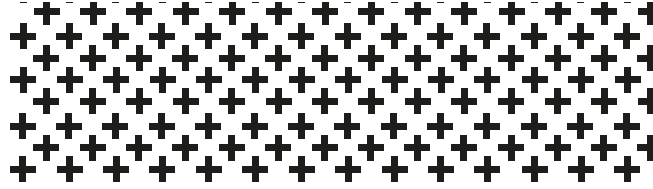


CLIENT PROFILE

www.smartpolish.co.uk



Name _____

Phone Number _____

Address _____

Email _____

Preferred method of contact PHONE TEXT EMAIL

Birthday / /

+++++

Preferred appointment time MORNING AFTERNOON

What day is best for you? MON TUE WED THU FRI SAT SUN

Any reactions to chemicals or cosmetics? YES NO

Details _____

Are you diabetic: YES NO

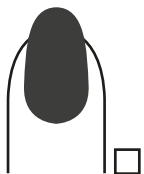
Is your skin: DRY OILY NORMAL COMBINATION

Do you pick or bite your nails: YES NO

What are your favourite polish shades? _____

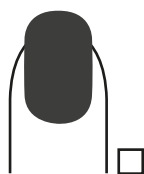
What is your preferred nail shape?

Oval



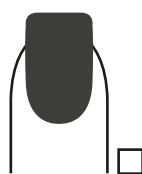
Works with long nails. Ideal for all kinds of nails

Square Oval



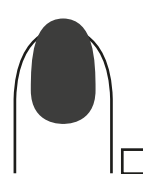
If you like both square and oval

Square



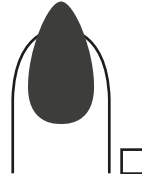
The sides of your nails must be parallel

Round



Perfect for short nails

Almond



Suits very long nails. Great for gel polishes adding strength.

NOTES: _____

