

# LUXUJU Consultation Sheet

Name		Birthday			
Address		Phone			
Mail		Work		Age	

## 【Confirmation for Hand & Nail Service】

To ensure the safety of our hand and nail services , Please answer the following questions.

① Current health status	<input type="checkbox"/> Good	<input type="checkbox"/> Usually	<input type="checkbox"/> Not good
② Do you have any problems with your nails?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
③ Do you have a problem with a part of your hand?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
④ Do you have sensitive skin?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
⑤ Do you have allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
⑥ Are you atopic?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
⑦ Are there any skin problems in the area to be treated?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
⑧ Those who answered "Yes" to ⑤~⑦ Are you still undergoing treatment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
⑨ Have you ever been sick from nail cosmetics?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
⑩ Have you ever had a major illness?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
⑪ Those who answered "Yes" to ⑨ ⑩ Are you still undergoing treatment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
⑫ Do you use water often? (Housework, work)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
~Are you still undergoing treatment?~			

### – Handling of Personal Information –

Your personal information will be managed appropriately.

We will not disclose or provide your personal information to any third party.

Reviewed aftercare precautions.

In accordance with our privacy policy, I consent to the use of my personal information.

Sign

---