



Unit 316 – The Art of Photographic Make Up Treatment Evidence Form

College Name:
College Number:
Learner Name:
Learner Number:
Date:

Client Name:
Address:
Profession:
Tel. No: Day
Eve

PERSONAL DETAILS

Age group: Under 20 ☐ 20–30 ☐ 30–40 ☐ 40–50 ☐ 50–60 ☐ 60+ ☐

Lifestyle: Active ☐ Sedentary ☐

Last visit to the doctor:

GP Address:

No. Of children (if applicable):

Date of last period (if applicable):

CONTRAINDICATIONS REQUIRING MEDICAL PERMISSION – in circumstances where medical permission cannot be obtained clients must give their informed consent in writing prior to treatment (select if/where appropriate):

Medical oedema <input type="checkbox"/>	Skin cancer <input type="checkbox"/>
Nervous/Psychotic conditions <input type="checkbox"/>	Slipped disc <input type="checkbox"/>
Epilepsy <input type="checkbox"/>	Undiagnosed pain <input type="checkbox"/>
Recent facial operations affecting the area <input type="checkbox"/>	When taking prescribed medication <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Whiplash <input type="checkbox"/>

CONTRAINDICATIONS THAT RESTRICT TREATMENT (select if/where appropriate)

Fever <input type="checkbox"/>	Sunburn <input type="checkbox"/>
Contagious or infectious diseases <input type="checkbox"/>	Hormonal implants <input type="checkbox"/>
Under the influence of recreational drugs or alcohol <input type="checkbox"/>	Recent fractures (minimum 3 months) <input type="checkbox"/>
Diarrhoea and vomiting <input type="checkbox"/>	Sinusitis <input type="checkbox"/>
Any known allergies <input type="checkbox"/>	Neuralgia <input type="checkbox"/>
Eczema <input type="checkbox"/>	Migraine/Headache <input type="checkbox"/>
Dermatitis <input type="checkbox"/>	Hypersensitive skin <input type="checkbox"/>
Psoriasis <input type="checkbox"/>	Botox/dermal fillers (1 week following treatment) <input type="checkbox"/>
Undiagnosed lumps and bumps <input type="checkbox"/>	Hyperkeratosis <input type="checkbox"/>
Localised swelling <input type="checkbox"/>	Skin allergies <input type="checkbox"/>
Inflammation <input type="checkbox"/>	Styes <input type="checkbox"/>
Cuts <input type="checkbox"/>	Blepharitis <input type="checkbox"/>
Bruises <input type="checkbox"/>	Watery eyes <input type="checkbox"/>
Abrasions <input type="checkbox"/>	Trapped/pinched nerve affecting the treatment area <input type="checkbox"/>
Scar tissue (2 years for major operation and 6 months for a small scar) <input type="checkbox"/>	Inflamed nerve <input type="checkbox"/>
Conjunctivitis <input type="checkbox"/>	Eye infection <input type="checkbox"/>

SKIN TEST (select if/where appropriate):

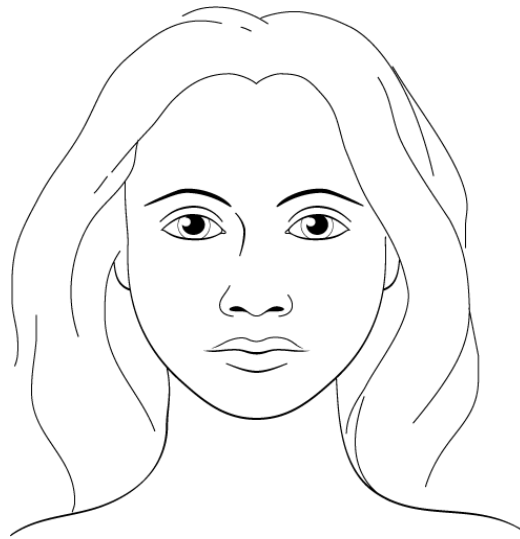
Moisture content:	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Muscle tone:	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Elasticity:	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Sensitivity:	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
Skin's healing ability:	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Skin tone:	Fair <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Olive <input type="checkbox"/>
Circulation:	Good <input type="checkbox"/> Normal <input type="checkbox"/> Poor <input type="checkbox"/>
Pores:	Fine <input type="checkbox"/> Dilated <input type="checkbox"/> Comedones <input type="checkbox"/> Milia <input type="checkbox"/>

Overall Skin Type/Condition:

Treatment to include (select if/where appropriate):

Colour photographic make-up ☐

Black and white photographic make-up ☐



Treatment details:

(To include products/colours used and make-up chart)

Cleanser:

Toner:

Moisturiser:

Pre-base:

Concealer:

Foundation:

Shader:

Highlighter:

Powder:

Cheek product:

Eyebrow products:

Eyeshadow:

Eyeliner:

Mascara:

Lip Liner:

Lip Products:

Additional make-up products:

Client feedback:

Aftercare/Home care advice given:

Client's signature.....

Learner's signature.....