



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 Skin cancer
Nervous/Psychotic conditions Slipped disc
Epilepsy Undiagnosed pain
Recent facial operations affecting the area When taking prescribed medication
Diabetes Whiplash

CONTRAINDICATIONS THAT RESTRICT TREATMENT (select if/where appropriate)

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

SKIN TEST (select if/where appropriate):

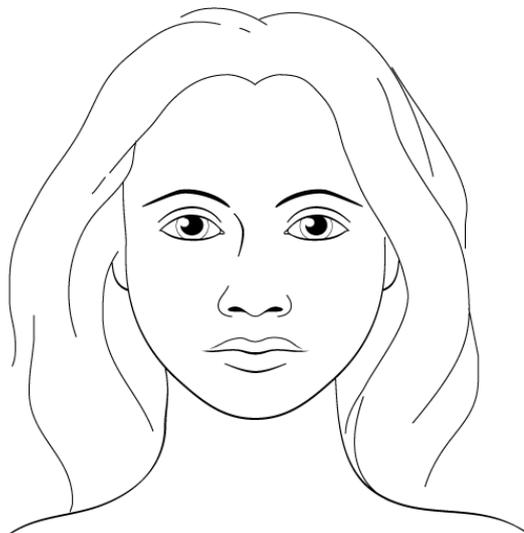
Moisture content: Excellent Good Fair Poor
Muscle tone: Excellent Good Fair Poor
Elasticity: Excellent Good Fair Poor
Sensitivity: High Medium Low
Skin's healing ability: Excellent Good Fair Poor
Skin tone: Fair Medium Dark Olive
Circulation: Good Normal Poor
Pores: Fine Dilated Comedones Milia

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:

Eyeliners:

Mascara:

Lip Liner:

Lip Products:

Additional make-up products:

Client feedback:

Aftercare/Home care advice given:

Client's signature.....

Learner's signature.....