



Unit 842 – Enhance Nails using Electric Files 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 (select if/where appropriate):

Transverse ridges ☐

Vertical ridges ☐

Beau's line ☐

Blue nail ☐

Psoriasis ☐

Eczema ☐

Paronychia (Whitlow) ☐

Sepsis ☐

Leuconychia ☐

Flaking ☐

Dry/Brittle nails ☐

Pitting ☐

Pterygium ☐

Onychia ☐

Hangnail ☐

Lamella dystrophy ☐

Onychomycosis (Tinea
Unguim) ☐

Onychoptosis ☐

Onychatrophia ☐

Onychauxis ☐

Onychorrhaxis ☐

Onychogryphosis ☐

Onycholysis ☐

Onychocryptosis ☐

Koilonychia ☐

Onychophagy ☐

Onychophyma ☐

Mould ☐

Warts ☐

Verucca ☐

Loss of skin sensation ☐

Diabetes ☐

Allergies ☐

Corns ☐

Chilblains ☐

Cuts ☐

Abrasions ☐

Broken bones ☐

Discolouration ☐

Severely bitten nails ☐

Severely bitten/picked skin
around the nail ☐

NAIL TEST:

Moisture content: Excellent ☐ Good ☐ Fair ☐ Poor ☐

Cuticle condition: Excellent ☐ Good ☐ Fair ☐ Poor ☐

Skin condition: Dehydrated ☐ Dry ☐ Normal ☐

Skin's healing ability: Excellent ☐ Good ☐ Fair ☐ Poor ☐

Circulation: Good ☐ Normal ☐ Poor ☐

Overall Nail/Skin condition:

AREA TO BE TREATED:

Toe nails ☐ Fingernails ☐

Treatment details:

(to include tools and techniques used)

Client Feedback:

Aftercare/Home care advice given:

Client's signature

Learner's signature.....