



# 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  
Unguium)

Onychoptosis

Onychatrophia

Onychauxis

Onychorrhexis

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.....**