Client Consultation Form – *Skin care and Eye Treatments*

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: 6 months ago
GP Address:
No. Of children (if applicable): 0
Date of last period (if applicable): insert date

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

CONTRAINDICTIONS THAT RESTRICT TREATMENT *(select if/where appropriate)*

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

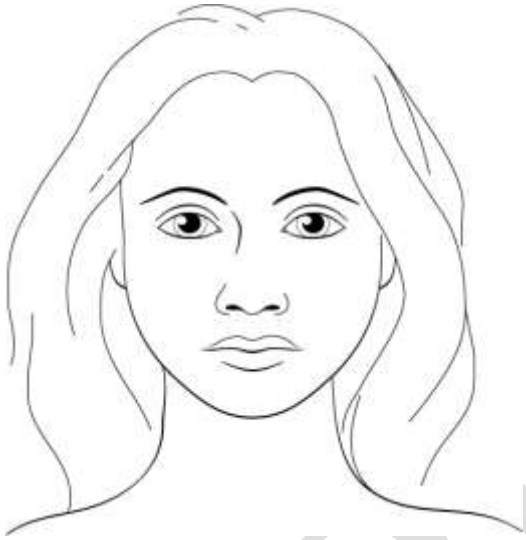
SKIN TEST *(select if/where appropriate):*

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

Overall Skin Type: Oily

Treatment to include *(select if/where appropriate)*:

Superficial Cleanse☒
Deep Cleanse☒
Pre-Heat treatment☒
Skin Analysis☒
Lash Tinting☒
Brow Tinting☐
Eyebrow Tweezing☒
Massage☒
Mask☒



Treatment details:
(To include products used)

The treatment plan to be undertaken - full facial treatment for seborrheic/oily skin type to include cleanse and tone, eyelash tint and eyebrow shape, steam and exfoliation for a deep cleanse, massage and mask. The treatment plan will ease congestion, dry sebaceous secretions and soothe irritated skin. Products used:

- Purifying cleansing lotion and purifying toner
- Black/blue tint and 10% hydrogen peroxide
- Purifying exfoliation cream
- Massage cream for an oily skin
- Mask – Kaolin and witch hazel for the T panel and an aromatic commercial mask containing thyme, tea tree, lavender and green clay to the rest of the face, neck and décolleté

Client Feedback: Enjoyed the treatment and advice given regarding products. The massage and mask treatments were very relaxing

Aftercare/Home care advice given:

- Increase water intake
- Use a good cleansing regime morning and night
- Use an exfoliation product 2/3 times per week
- Use a daily moisturiser with a SPF of at least 30
- Use a mask for an oily skin perhaps once a week

Therapist/Learner's signature……..

Client's signature……