



Client Consultation Form – *Make-up*

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

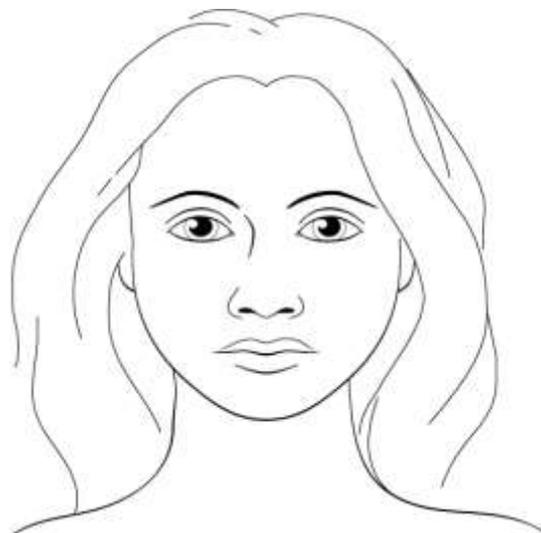
SKIN TEST (select if/where appropriate):

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"/>	
Skins 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: Normal

TREATMENT TO INCLUDE (select if/where appropriate):

- Day make-up
Evening make-up
Special occasion make-up
Bridal Make-up
Other:



Treatment details:

To include product/colours used, make-up chart and before and after photographs)

- Cleansed and toned
- Skin analysis – overall normal, face shape oval
- Applied the make-up using sponges and disposable brushes where applicable.
- Tested the colour of the foundation at the side of the face along the jaw line..

Make-up Chart

Pre-base:	Neutral – applied all over the face and neck
Concealer	Light concealer on sides of nose, under eye area
Corrective cream	Not used this treatment
Foundation	Nude liquid foundation
Powder	Translucent loose powder
Blusher	Soft apricot
Shader	Under the cheek bones
Highlighter	Over the cheek bones
Eye shadow	Cream, Peach and Coffee
Eye liner	Soft brown pencil
Mascara	Waterproof – Dark brown
Lip liner	Spice
Lipstick	Warm Coral
Lip gloss	Not used in this treatment

Client feedback:

My client was very happy with the make-up and advice given regarding products and she was keen to practice the make-up I have shown her today for her wedding

Aftercare/homecare advice given:

- Use a good cleansing regime morning and night
- Use an exfoliation product once per week
- Use a daily moisturiser with a SPF of at least 15
- Use a mask for a normal skin approximately once a week or when needed
- Maybe experiment with make-up colours if you want to change the colour of the make-up before the wedding day

Therapist/Learner's signature.....

Client's signature.....