



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 ☐

Nervous/Psychotic conditions ☐

Epilepsy ☐

Recent facial operations affecting the area ☐

Diabetes ☐

Skin cancer ☐

Slipped disc ☐

Undiagnosed pain ☐

When taking prescribed medication ☐

Whiplash ☐

CONTRAINDICATIONS 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 ☐

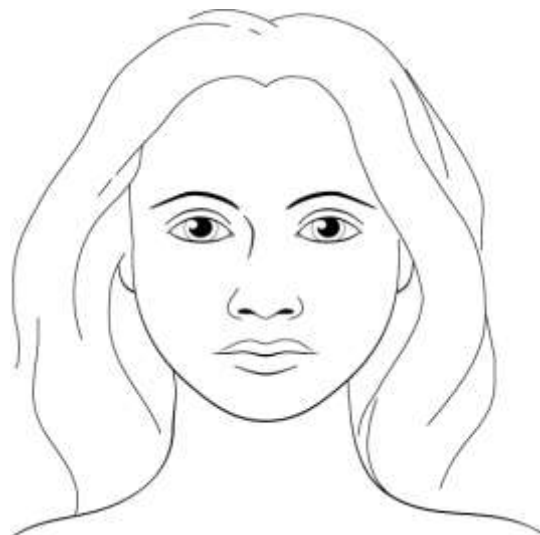
Circulation: Good ☐ Normal ☐ Poor ☐

Pores: Fine ☐ Dilated ☐ Comedones ☐ Milia ☐

Overall Skin Type: 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.....