



Client Consultation Form – *Body Treatments*

College Name: A Sample

College Number: 1234

Learner Name: A Sample

Learner Number: 1234

Date: 1.1.11

Client Name: Mrs MB

Address: Derby

Profession:

Tel. No: Day 1234 56789

Eve 1234 56789

PERSONAL DETAILS

Age group: Under 20 ☐ 20–30 ☐ 30–40 ☐ 40–50 ☒ 50–60 ☐ 60+ ☐

Lifestyle: Active ☒ Sedentary ☐

Last visit to the doctor: At least 6 months ago

GP Address:

No. of children (if applicable):

Date of last period (if applicable): 1.12.10

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):

Pregnancy ☐

Cardio vascular conditions (thrombosis, phlebitis, hypertension, hypotension, heart conditions) ☐

Haemophilia ☐

Any condition already being treated by a GP or another practitioner ☐

Medical oedema ☐

Osteoporosis ☐

Arthritis ☐

Nervous/Psychotic conditions ☐

Epilepsy ☐

Recent operations ☐

Diabetes ☐

Asthma ☐

Any dysfunction of the nervous system (e.g. Muscular sclerosis, Parkinson's disease, Motor neurone disease) Bell's Palsy ☐

Trapped/Pinched nerve (e.g. sciatica) ☐

Inflamed nerve ☐

Cancer ☐

Postural deformities ☐

Spastic conditions ☐

Kidney infections ☐

Whiplash ☐

Slipped disc ☐

Undiagnosed pain ☐

When taking prescribed medication ☐

Acute rheumatism ☐

CONTRAINDICATIONS THAT RESTRICT TREATMENT (select if/where appropriate):

Fever ☐

Contagious or infectious diseases ☐

Under the influence of recreational drugs or alcohol ☐

Diarrhoea and vomiting ☐

Skin diseases ☐

Undiagnosed lumps and bumps ☐

Localised swelling ☐

Inflammation ☐

Varicose veins ☐

Pregnancy (abdomen) ☐

Cuts ☐

Bruises ☐

Abrasions ☐

Scar tissues (2 years for major operation and 6 months for a small scar) ☐

Sunburn ☐

Hormonal implants ☐

Abdomen (first few days of menstruation depending how the client feels) ☐

Haematoma ☐

Hernia ☐

Recent fractures (minimum 3 months) ☐

Cervical spondylitis ☐

Gastric ulcers ☐

After a heavy meal ☐

Conditions affecting the neck ☐

Any metal pins or plates ☐

Loss of skin sensation (test with tactile test) ☐

IUD (coil) ☐

Anaphylaxis ☐

Muscle fatigue ☐

Pacemaker ☐

Body piercing ☐

Excessive erythema ☐

WRITTEN PERMISSION REQUIRED BY:GP/Specialist ☐ Informed consent ☐

Either of which should be attached to the consultation form

PERSONAL INFORMATION (select if/where appropriate):**Muscular/Skeletal problems:** Back ☐ Aches/Pain ☐ Stiff joints ☐ Headaches ☐**Digestive problems:** Constipation ☐ Bloating ☐ Liver/Gall bladder ☐ Stomach ☐**Circulation:** Heart ☐ Blood pressure ☐ Fluid retention ☐ Tired legs ☐ Varicose veins ☐ Cellulite ☐Kidney problems ☐ Cold hands and feet ☐**Gynaecological:** Irregular periods ☐ P.M.T ☐ Menopause ☐ H.R.T ☐ Pill ☐ Coil ☐ Other:**Nervous system:** Migraine ☐ Tension ☐ Stress ☐ Depression ☐**Immune system:** Prone to infections ☐ Sore throats ☐ Colds ☐ Chest ☐ Sinuses ☐**Regular antibiotic/medication taken:** No**Herbal remedies taken:****Ability to relax:** Good ☐ Moderate ☒ Poor ☐**Sleep patterns:** Good ☒ Poor ☐ Average No. of hours: Approx 7 hours**Do you see natural daylight in your workplace?** Yes ☒ No ☐**Do you work at a computer?** Yes ☒ No ☐ If yes how many hours: 5-7 hours**Do you eat regular meals?** Yes ☒ No ☐**Do you eat in a hurry?** Yes ☒ No ☐**Do you take any food/vitamin supplements?** Yes ☐ No ☒**How many portions of each of these items does your diet contain per day?**

Fresh fruit: 2 Fresh vegetables: 1 Protein: 1 source? Chicken, fish, cheese

Dairy produce: 2 Sweet things: 1 Added salt: 0 Added sugar: 0

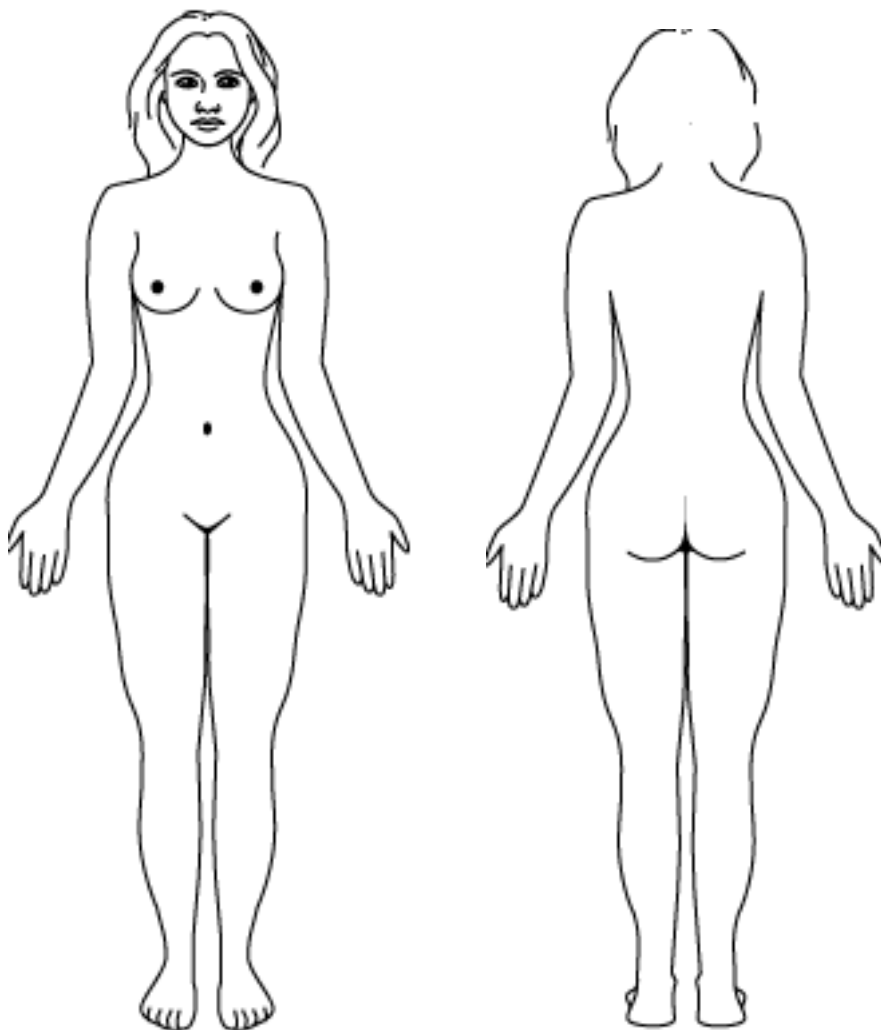
How many units of these drinks do you consume per day?

Tea: 4 Coffee: 0 Fruit juice: 2 Water: 4 Soft drinks: 0 Others: 0

Do you suffer from food allergies? Yes ☐ No ☒ Bingeing? Yes ☐ No ☒Overeating? Yes ☐ No ☒**Do you smoke?** No ☒ Yes ☐ How many per day? 1-5**Do you drink alcohol?** No ☐ Yes ☒ How many units per day? 3**Do you exercise?** None ☐ Occasional ☒ Irregular ☐ Regular ☐ Types**What is your skin type?** Dry ☒ Oily ☐ Combination ☐ Sensitive ☐ Dehydrated ☐**Do you suffer/have you suffered from:** Dermatitis ☐ Acne ☐ Eczema ☒ Small amount on her hands
Psoriasis ☐Allergies ☐ Hay Fever ☐ Asthma ☐ Skin cancer ☐**Stress level:** 1–10 (10 being the highest)

At work 5 At home 1

TESTS**Nerve sensitivity test:** Yes ☒ No ☐**Heat sensitivity test:** Yes ☒ No ☐



BODY ANALYSIS

Height: 5ft 6ins

Weight: 10 st

Types of Fat: Cellulite on thighs,
soft fat on abdomen

Body type/conditions: Endomorph

Postural conditions: None

Skin Type/Condition: Dry

MEASUREMENTS:

Upper chest (under the arms): 25"

Maximum chest: 34"

Below bust: 30"

Waist: 28"

Hips: 37"

Maximum buttocks (on hairline): 39"

Top of thigh: Right:21" Left: 21"

1 inch/2cm above knee: R: 16" L: 16.5"

Maximum calf muscle: R: 13" L: 13"

Ankle: R: 9" L: 9"

Middle of upper arm: R: 11" L: 10.5"

Middle of lower arm: R: 10.5" L: 10"

Wrist: R: 6" L: 6"

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

Quadriceps: Excellent ☐ Good ☒ Average ☐ Poor ☐

Hamstrings: Excellent ☐ Good ☒ Average ☐ Poor ☐

Biceps: Excellent ☐ Good ☒ Average ☐ Poor ☐

Triceps: Excellent ☐ Good ☐ Average ☒ Poor ☐

Abdominal: Excellent ☐ Good ☐ Average ☐ Poor ☒

EXERCISE ADVICE:

Target area abdominals and thighs:

- Short warm up (5 mins)

- Sit ups – 10 reps
- Diagonals sit-ups 10 reps
- Plank holding for 30 seconds and building up to a min
- Squats 10 reps
- Lunges 10 reps each side

Repeat all the above 3 times

- Cool down(5 mins)

Treatment Details:

Target - abdominal area and cellulite on the lower buttocks and outer thighs

Treatment plan;

- Faradic on abdominal muscles– bi-phasic setting - treatment time 20 minutes
- Galvanic - iontophoresis treatment on thighs - treatment time 10 minutes
- Swedish body massage using grape seed oil with particular emphasis on the problem areas – treatment time 45 minutes

Client Feedback:

The client was satisfied with the treatment and felt that her abdominal muscles had received a good work out. She found the galvanic treatment irritating but accepted that it should improve her cellulite. She enjoyed the massage and noticed that it had improved the texture of her skin.

After/Home Care Advice Given:

- Advised the client to book a course of treatments - twice a week for a minimum of 6 weeks
- Avoid any heat treatments, including very hot showers and baths
- Increase water intake
- Body brush daily particularly on the thighs
- Use daily moisturiser
- Use a specific anti cellulite product on the thighs

Learner's/Therapist's Signature.....

Client's Signature.....