Client Consultation Form – *Facial Electrical Treatments*

College Name:
College Number:
Student Name:
Student 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: One month ago for contraceptive pill

GP Address:

No. Of children (if applicable):

Date of last period (if applicable): 26 days ago

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 ☐
Nervous/Psychotic conditions ☐
Epilepsy ☐
Recent operations ☐
Diabetes ☐
Asthma ☐
Any dysfunction of the nervous system (e.g. Muscular Sclerosis, Parkinson's disease, Motor neurone disease) ☐
Bells Palsy ☐
Trapped/Pinched nerve ☐
Inflamed nerve ☐
Spastic conditions ☐
Kidney infections ☐
Acute rheumatism ☐
Undiagnosed facial pain ☐
When taking prescribed medication ☐

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

Fever ☐
Contagious or infectious diseases ☐
Under the influence of recreational drugs or alcohol ☐
Diarrhoea and vomiting ☐
Hypersensitive skin ☐
Skin diseases ☐
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 ☐
Hormonal implants ☐
Haematoma ☐
Recent fractures (minimum 3 months) ☐
Cervical spondylitis ☐
Any metal pins or plates ☐
Loss of skin sensation (test with tactile test) ☐
Sinusitis ☐
Botox/dermal fillers (1 week following treatment) ☐

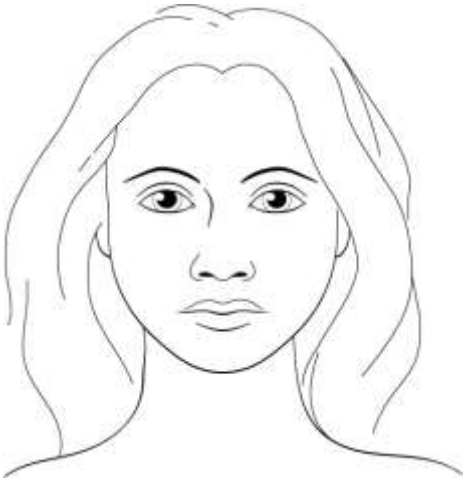
SKIN TEST *(select if/where appropriate):*

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 ☒	Comodones ☒	Milia ☐

Overall Skin Type: Oily with slight dehydrated patches around the sides of the nose and forehead

TREATMENTS TO INCLUDE *(select if/where appropriate)*:

Iontophoresis☒
Desincrustation☒
Direct High Frequency☒
Indirect High Frequency☐
Microcurrent☐
Vacuum Suction☐
Faradism☐



Treatment Details:
The treatment should help to refine the skin, reduce congestion and remove comedones. Emphasis should be placed on treating current pustules and papules. The treatment should include the use of galvanic desincrustation and iontophoresis and direct high frequency

- Cleanse the eyes and lips
- Complete a pre and deep cleanse .
- Tone
- Exfoliate the skin
- Apply desincrustation gel and perform galvanic desincrustation
- Wearing gloves and using clean tissues extract any comedones.
- Apply electrolyte gel and perform galvanic iontophoresis
- Using a 'mushroom' head electrode complete direct high frequency
- Tone and moisturise

Client feedback: My client said she really enjoyed all the treatments and her skin felt particularly clean and re-freshed

After/Home care advice:

- Advised the client to have a course of treatments once a month for a minimum of 3 months
- Not to apply makeup for at least 12-24 hours after the treatment
- Heat treatments or the use of sun beds should be avoided.
- 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 15
- Use a mask for an oily skin perhaps once a week

Student's/Therapist's signature……..

Client's Signature……..