



Client Consultation Form – Nail Art Level 3

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: Not too sure

GP Address:

No. of children (if applicable): 3

Date of last period (if applicable): N/A

CONTRAINDICATIONS(select if/where appropriate):

| | | |
|---|---|--|
| Transverse ridges <input type="checkbox"/> | Lamella dystrophy <input type="checkbox"/> | Warts <input type="checkbox"/> |
| Vertical ridges <input type="checkbox"/> | Onychomycosis (Tinea Ungium) <input type="checkbox"/> | Verucca <input type="checkbox"/> |
| Beau's line <input type="checkbox"/> | Onychoptosis <input type="checkbox"/> | Loss of skin sensation <input type="checkbox"/> |
| Blue nail <input type="checkbox"/> | Onychatrophia <input type="checkbox"/> | Diabetes <input type="checkbox"/> |
| Psoriasis <input type="checkbox"/> | Onychauxis <input type="checkbox"/> | Allergies <input type="checkbox"/> |
| Eczema <input type="checkbox"/> | Onychorrhaxis <input type="checkbox"/> | Corns <input type="checkbox"/> |
| Paronychia (Whitlow) <input type="checkbox"/> | Onychogryphosis <input type="checkbox"/> | Chilblains <input type="checkbox"/> |
| Sepsis <input type="checkbox"/> | Onychogryposis <input type="checkbox"/> | Cuts <input type="checkbox"/> |
| Leuconychia <input type="checkbox"/> | Onycholysis <input type="checkbox"/> | Abrasions <input type="checkbox"/> |
| Flaking <input type="checkbox"/> | Onychocryptosis <input type="checkbox"/> | Broken bones <input type="checkbox"/> |
| Dry/Brittle nails <input type="checkbox"/> | Koilonychia <input type="checkbox"/> | Discolouration <input type="checkbox"/> |
| Pitting <input type="checkbox"/> | Onychophagy <input type="checkbox"/> | Severely bitten nails <input type="checkbox"/> |
| Pterygium <input type="checkbox"/> | Onychophyma <input type="checkbox"/> | Severely bitten/picked skin around the nail <input type="checkbox"/> |
| Onychia <input type="checkbox"/> | Mould <input type="checkbox"/> | |
| Hang nail <input type="checkbox"/> | | |

NAIL TEST

| | | | | |
|---------------------------------|--|--|--|-------------------------------|
| Moisture content: | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input checked="" type="checkbox"/> | Poor <input type="checkbox"/> |
| Cuticle condition: | Excellent <input checked="" type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| Skin condition: | Dehydrated <input checked="" type="checkbox"/> | Dry <input checked="" type="checkbox"/> | Normal <input type="checkbox"/> | |
| Skins healing ability: | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input checked="" type="checkbox"/> | Poor <input type="checkbox"/> |
| Circulation: | Good <input type="checkbox"/> | Normal <input checked="" type="checkbox"/> | Poor <input type="checkbox"/> | |
| Overall Nail/Cuticle condition: | | | | |

AREA TO BE TREATED:

Toe nails ☒ Finger nails ☐

TREATMENT DETAILS:

- Discussed nail art design/s with my client
- Sanitised my client hands
- Carried out nail art design treatment

Details of design of application/image (including photographs):

- Initial base colour: Deep coral - airbrushed all over
- Second colour: Iridescent white (gold tint) - airbrushed random stencil
- Top colour: Iridescent light coral - airbrushed random stencil
- 3 flat backed pearl beads embedded into a UV top coat as accents on each of the great toes on the top inner corners.

Client feedback:

My client was extremely please with how bright and colourful her toenails looked

Homecare advice given:

- Moisturise feet regularly morning and night.
- Apply top coat every 3-4 days to keep the design looking fresh.
- Return to the salon to have the design removed.

Therapist signature.....

Client signature