Treatment Evidence Form

Unit 853 – Enhance appearance using micro-pigmentation treatment

Centre name:	
Centre number:	
Learner name:	
Learner number:	
Date:	

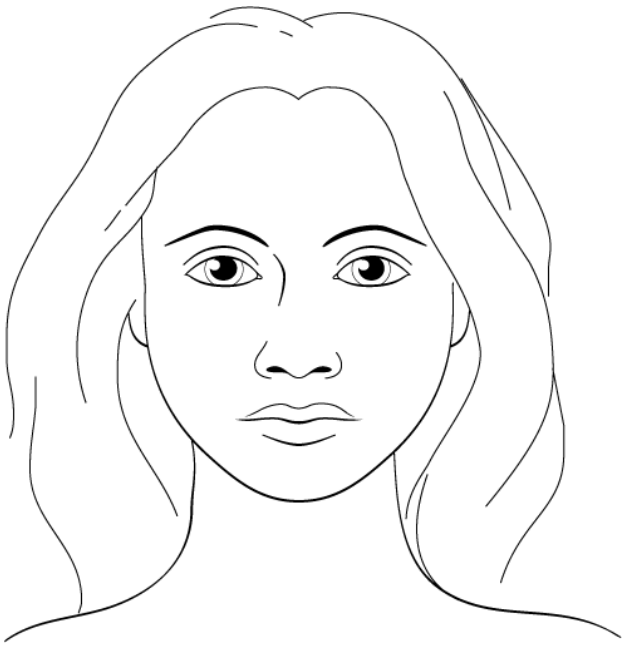
Client name:		
Address:		
Profession:		
Telephone number:	Day:	
	Evening:	

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:						
Number of children: *(If applicable)*						
Date of last period: *(If applicable)*						

Contra-indications 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):*					
Any condition already being treated by a GP, dermatologist or another skin therapist	☐	Heart disorders	☐	HIV	☐
Pregnancy	☐	Circulatory disorders	☐	Hepatitis	☐
Nervous/psychotic conditions	☐	Pigmented naevi	☐	Herpes simplex	☐
Recent operations	☐	Chemical peels	☐	Chemotherapy	☐
Diabetes	☐	Recent dermabrasion	☐	Medication causing thinning or inflammation of the skin (steroids, acutane, retinols)	☐
Inflamed and infectious skin conditions or disorders	☐	Haemophilia	☐	Keloid scars	☐
Contagious diseases	☐	Any condition already being treated by a GP, dermatologist or another skin therapist	☐	Hypertropic Scars	☐
Moles in the treatment area	☐	Blood thinning medication (warfarin)	☐	AHAs	☐
Diagnosed scleroderma	☐				

Contra-indications that restrict treatment – *(Select if/where appropriate):*					
Fever	☐	Sunburn	☐	Scar tissues (2 years for major operation and 6 months for a small scar)	☐
Drugs or medication that causes photo-sensitisation or skin thinning effects	☐	Suntanned skin	☐	Insulin controlled diabetes	☐
Under the influence of recreational drugs or alcohol	☐	Artificial tan	☐	Haematoma	☐
Diarrhoea and vomiting	☐	Areas of undiagnosed pain	☐	Epilepsy	☐
Allergies to the products or materials used	☐	Loss of skin sensitivity (test with tactile and thermal methods)	☐	Hyper-pigmentation	☐
Cancer	☐	Cuts	☐	Injectables	☐
Skin diseases	☐	Bruises	☐	Facial Surgery	☐
Undiagnosed lumps and bumps	☐	Abrasions	☐		

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 ☐
Documentary evidence of patch test to be included for pigments:				
Pigments:	Positive ☐	Negative ☐		
Overall skin type/ characteristics (select if/where appropriate):	White	Black	Asian skin type	Mixed
	Dry	Oily	Combination	Mature
	Young	Brief description:		
Area for treatment *(select where appropriate):*	Brows ☐	Eyelids ☐	Lips ☐	



Reason for treatment:

Treatment details:

Reaction during treatment:

Client feedback:

After/home care advice given:

Therapist/Learner signature: _____

Client signature: _____