

Client Consultation Form

iUBT293 – Waxing

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

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

Personal details:						
Age group:	Under 20 <input type="checkbox"/>	20 – 30 <input type="checkbox"/>	30 – 40 <input type="checkbox"/>	40 – 50 <input type="checkbox"/>	50 – 60 <input type="checkbox"/>	60+ <input type="checkbox"/>
Lifestyle:	Active <input type="checkbox"/>			Sedentary <input type="checkbox"/>		
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):*

Cardiovascular conditions (thrombosis, phlebitis, hypertension, hypotension, heart conditions) <input type="checkbox"/>	Haemophilia <input type="checkbox"/>	Any condition already being treated by a GP or another practitioner <input type="checkbox"/>
Medical oedema <input type="checkbox"/>	Osteoporosis <input type="checkbox"/>	Nervous/psychotic conditions <input type="checkbox"/>
Recent operations <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Trapped/pinched nerve <input type="checkbox"/>
Inflamed nerve <input type="checkbox"/>	Severe varicose veins <input type="checkbox"/>	Osteoporosis <input type="checkbox"/>

Contra-indications that restrict treatment – *(Select if/where appropriate):*

Fever <input type="checkbox"/>	Infectious or contagious diseases <input type="checkbox"/>	Under the influence of recreational drugs or alcohol <input type="checkbox"/>
Any known allergies <input type="checkbox"/>	Infectious skin diseases and disorders <input type="checkbox"/>	Undiagnosed lumps and bumps <input type="checkbox"/>
Localised swelling <input type="checkbox"/>	Inflammation <input type="checkbox"/>	Cuts <input type="checkbox"/>
Bruises <input type="checkbox"/>	Abrasions <input type="checkbox"/>	Scar tissues (2 years for major operation and 6 months for a small scar) <input type="checkbox"/>
Sunburn <input type="checkbox"/>	Self tan <input type="checkbox"/>	Heat rash <input type="checkbox"/>
Hairy moles <input type="checkbox"/>	Hormonal implants <input type="checkbox"/>	Recent fractures (minimum 3 months) <input type="checkbox"/>
Neuralgia	Hypersensitive skin	Loss of skin sensation
Vascular skin	Hairy moles	Varicose veins
48 hours after sun tanning	Bell's palsy	Abnormal hair growth

Patch test:

Negative <input type="checkbox"/>	Positive <input type="checkbox"/>
Brand of wax used:	
Area tested:	
Date of test:	

Area waxed *(select if/where appropriate):*

Full leg <input type="checkbox"/>	Bikini line <input type="checkbox"/>	Underarm <input type="checkbox"/>
Half leg <input type="checkbox"/>	Forearm <input type="checkbox"/>	Lip <input type="checkbox"/>
Chin <input type="checkbox"/>		

Method used:

Hot wax <input type="checkbox"/>	Cool wax <input type="checkbox"/>
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Details of treatment *(to include products used):*

Client feedback:

Aftercare/Home care feedback:

Therapist/Learner signature: _____

Client signature: _____

Document History

Version	Issue Date	Changes	Role
v1	03/09/2019	First published	Qualifications and Regulation Co-ordinator