

# Client Consultation Form

## iUBT293 – Waxing

<b>Centre name:</b>	
<b>Centre number:</b>	
<b>Learner name:</b>	
<b>Learner number:</b>	
<b>Date:</b>	

<b>Client name:</b>		
<b>Address:</b>		
<b>Profession:</b>		
<b>Telephone number:</b>	Day:	
	Evening:	

<b>Personal details:</b>						
<b>Age group:</b>	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"/>
<b>Lifestyle:</b>	Active <input type="checkbox"/>			Sedentary <input type="checkbox"/>		
<b>Last visit to the doctor:</b>						
<b>GP Address:</b>						
<b>Number of children:</b> <i>(If applicable)</i>						
<b>Date of last period:</b> <i>(If applicable)</i>						

**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