

Client Consultation Form

iUBT292 – Manicure and pedicure

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):*

Haemophilia	Any condition already being treated by a GP, dermatologist or another practitioner	Medical oedema
Arthritis	Nervous/psychotic conditions	Recent operations of the hands or feet
Diabetes	Inflamed nerve	Undiagnosed pain
Acute rheumatism		

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"/>
Diarrhoea and vomiting <input type="checkbox"/>	Any known allergies <input type="checkbox"/>	Undiagnosed lumps and bumps <input type="checkbox"/>
Inflammation <input type="checkbox"/>	Cuts <input type="checkbox"/>	Severe bruising <input type="checkbox"/>
Psoriasis <input type="checkbox"/>	Abrasions <input type="checkbox"/>	Scar tissues (2 years for major operation and 6 months for a small scar) <input type="checkbox"/>
Recent fractures (minimum 3 months) <input type="checkbox"/>	Sunburn <input type="checkbox"/>	Repetitive Strain Injury <input type="checkbox"/>
Carpal Tunnel Syndrome <input type="checkbox"/>	Severely bitten or damaged nails <input type="checkbox"/>	Nail separation <input type="checkbox"/>
Eczema <input type="checkbox"/>		

Nail test – *(Select if/where appropriate):*

Moisture content:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Cuticle condition:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Skin condition:	Dehydrated <input type="checkbox"/>	Dry <input type="checkbox"/>	Normal <input type="checkbox"/>	
Skins healing ability:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Circulation:	Good <input type="checkbox"/>	Normal <input type="checkbox"/>	Poor <input type="checkbox"/>	
Overall nail/cuticle condition:				
Treatment to include <i>(select where appropriate):</i>	Manicure <input type="checkbox"/>	Pedicure <input type="checkbox"/>	French polish <input type="checkbox"/>	

Treatment details – *(To include products used):*

Client feedback:

Aftercare/Home care advice:

Therapist/Learner signature: _____

Client signature: _____

Document History

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