Treatment Evidence Form

iUBT354 – Apply Make-up

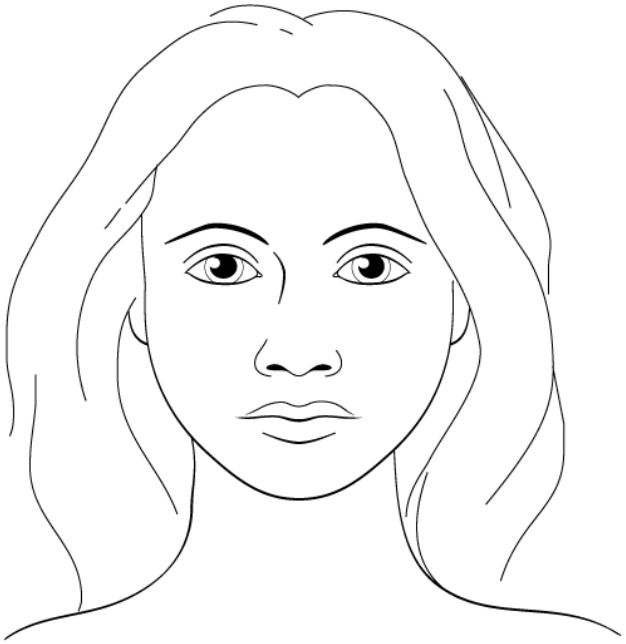
Centre name:	
Centre number:	
Learner name:	
Learner number:	
Date:	

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):*					
Medical oedema	☐	Diabetes	☐	Nervous/psychotic conditions	☐
Skin cancer	☐	Epilepsy	☐	Slipped disc	☐
Whiplash	☐	When taking prescribed medication	☐	Chemotherapy	☐
Recent facial operations affecting the area	☐	Undiagnosed pain	☐		

Contra-indications that restrict treatment – *(Select if/where appropriate):*					
Fever	☐	Cuts	☐	Botox/dermal fillers (1 week following treatment)	☐
Contagious or infectious diseases	☐	Bruises	☐	Hyperkeratosis	☐
Under the influence of recreational drugs or alcohol	☐	Abrasions	☐	Skin allergies	☐
Diarrhoea and vomiting	☐	Scar tissue (2 years for major operation and 6 months for a small scar)	☐	Styes	☐
Any known allergies	☐	Sunburn	☐	Watery eyes	☐
Eczema	☐	Recent fractures (minimum 3 months)	☐	Trapped/pinched nerve affecting the treatment area	☐
Undiagnosed lumps and bumps	☐	Hormonal implants	☐	Inflamed nerve	☐
Localised swelling	☐	Migraine/headache	☐	Eye infection	☐
Inflammation	☐	Hypersensitive skin	☐	Conjunctivitis	☐
Urticaria	☐	Sinusitis	☐	Neuralgia	☐
Hay Fever	☐	Blepharitis	☐		

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 ☐	Olive ☐	Dark ☐
Circulation:	Good ☐	Normal ☐	Poor ☐	
Pores:	Fine ☐	Dilated ☐	Comedones ☐	Milia ☐
Overall skin type and condition:				
Treatment to include *(select where appropriate):*	Day make-up ☐	Evening make-up ☐	Special occasion make-up ☐	Bridal make-up ☐
	Other:			
				

Treatment details – *(To include products/colours used, make-up chart and before and after photographs):*

Cleanser:	
Toner:	
Moisturiser:	
Pre-base:	
Concealer:	
Foundation:	
Powder:	
Cheek product:	
Bronzing products:	
Eyebrow products:	
Eyeshadow:	
Eyeliner:	
Mascara:	
Lip liner:	
Lip products:	
Additional make-up products:	

Before and after photographs:

Client feedback:

Aftercare/home care advice given feedback:

Learner's signature: _____

Client signature: _____

Document History

Version	Issue Date	Changes	Role
v1	10/10/19	First published	Qualifications Administrator