# Client Consultation Form

**iUBT420 –** Intimate waxing for female clients

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|---|---|
| **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):* | | | | | |
|---|---|---|---|---|---|
| Cardiovascular conditions (thrombosis, phlebitis, hypertension, hypotension, heart conditions) | ☐ | Osteoporosis | ☐ | Trapped/pinched nerve | ☐ |
| Haemophilia | ☐ | Nervous/psychotic conditions | ☐ | Inflamed nerve | ☐ |
| Any condition already being treated by a GP or another practitioner | ☐ | Recent operations | ☐ | Severe varicose veins | ☐ |
| Medical oedema | ☐ | Diabetes | ☐ | Urinary infections | ☐ |

| **Contra-indications that restrict treatment –** *(Select if/where appropriate):* | | | | | |
|---|---|---|---|---|---|
| Fever | ☐ | Cuts | ☐ | Hormonal implants | ☐ |
| Infectious or contagious diseases | ☐ | Bruises | ☐ | Recent fractures (minimum 3 months) | ☐ |
| Under the influence of recreational drugs or alcohol | ☐ | Abrasions | ☐ | Neuralgia | ☐ |
| Any known allergies | ☐ | Scar tissue (2 years for major operation and 6 months for a small scar) | ☐ | Hypersensitive skin | ☐ |
| Infectious skin diseases and disorders | ☐ | Sunburn | ☐ | Loss of skin sensation | ☒ |
| Undiagnosed lumps and bumps | ☐ | Self tan | ☐ | Vascular skin | ☐ |
| Localised swelling | ☐ | Heat rash | ☐ | Varicose veins | ☐ |
| Inflammation | ☐ | Hairy moles | ☐ | 48 hours after sun tanning | ☐ |
| Bell's palsy | ☐ | Positive reaction to patch test | ☐ | Thin and/or fragile skin | ☐ |
| Steroid based medication | ☐ | External haemorrhoids | ☐ | Pubic lice | ☐ |
| Sexually transmitted diseases | ☐ | | | | |

| **Patch test:** | | | |
|---|---|---|---|
| Positive | ☐ | Negative | ☐ |
| Brand of hair removal product used: | | | |
| Area tested: | | | |
| Date of test: | | | |

| **Area treated:** | | | |
|---|---|---|---|
| | | | |
| Methods used (select where appropriate) | Hot wax ☐ | Cool wax ☐ | Sugar paste ☐ |

| **Treatment details** – *(To include products used):* |
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| **Client feedback:** |
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| After/home care advice given: |
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| |

**Therapist/Learner signature**: _____

**Client signature**: _____

**Document History**

| Version | Issue Date | Changes | Role |
|---|---|---|---|
| v1 | 11/10/2019 | First Published | Qualification Administrator |
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