Client Consultation Form

iUBT398 – Provide self-tanning

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):*					
Epilepsy	☐	Bell's palsy	☐	Medical oedema	☐
Cardiovascular conditions (thrombosis, phlebitis, hypertension, hypotension, heart conditions)	☐	Trapped/pinched nerve	☐	Nervous/psychotic conditions	☐
Recent scar tissue	☐	Asthma	☐	Inflamed nerve	☐
Diabetes	☐	Any condition already being treated by a GP or dermatologist	☐	Medical oedema	☐
Recent operations	☐	Bronchitis	☐	During radiotherapy	☐
Chemotherapy	☐				

Contra-indications that restrict treatment – *(Select if/where appropriate):*					
Fever	☐	Contact lenses (unless removed)	☐	Cuts	☐
Contagious or infectious diseases	☐	Epilepsy	☐	Bruises	☐
Under the influence of recreational drugs or alcohol	☐	Recent operations	☐	Abrasions	☐
Diarrhoea and vomiting	☐	Acute rheumatism	☐	Scar tissue (2 years for major operation and 6 months for a small scar)	☐
Skin cancer	☐	Skin diseases	☐	Sunburn	☐
Photosensitive skins	☐	Vitiligo	☐	Areas of undiagnosed pain	☐
Urticaria	☐	Albinism	☐	Any metal pins or plates	☐
Medication which causes the skin to become photosensitive e.g. antibiotics, some blood pressure medication, tranquilisers	☐	Hypersensitive skins	☐	Loss of skin sensation	☐
After any form of heat treatment	☐	Highly vascular skins	☐	After a heavy meal (sunbeds only)	☐
After waxing	☐	Undiagnosed lumps and bumps	☐	Recent x-ray (3months)	☐
After electrolysis	☐	Urticaria	☐	Botox/dermal fillers (1 week following treatment)	☐
Respiratory conditions	☐	Any allergies to products	☐	Chloasma	☐
Hyperkeratosis	☐				

Written permission required by: – *Either of which should be attached to the consultation form (Select if/where appropriate):*			
GP/specialist	☐	Informed consent	☐

Patch test – *(Select if/where appropriate):*			
Self tanning:	Yes	☐	No ☐

Treatment – *(Select if/where appropriate):*					
Spray gun	☐	Compressor	☐	Buffing mitt	☐
Products:	Tanning cream	☐	Tanning gels	☐	Spray tan liquid ☐
	Barrier cream	☐	Exfoliators	☐	Moisturisers ☐

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

Client feedback:

Aftercare feedback:

Therapist/Learner signature: _____

Client signature: _____

Document History

Version	Issue Date	Changes	Role
v1	14/10/2019	First published	Qualifications Administrator