Treatment Evidence Form

iUBT397 – Provide pedicure treatments

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

Contra-indications that restrict treatment *(Select if/where appropriate):*		
Fever ☐	Severe bruising ☐	Nail separation ☐
Infectious or contagious diseases ☐	Abrasions ☐	Eczema ☐
Under the influence of recreational drugs or alcohol ☐	Scar tissue (2 years for major operation and 6 months for a small scar) ☐	Psoriasis ☐
Diarrhoea and vomiting ☐	Recent fractures (minimum 3 months) ☐	Loss of skin sensation ☐
Any known allergies ☐	Sunburn ☐	Chilblains ☐
Undiagnosed lumps and bumps ☐	Repetitive Strain Injury ☐	Corns ☐
Inflammation ☐	Carpal Tunnel Syndrome ☐	Verrucae ☐
Cuts ☐	Severely bitten or damaged nails ☐	Wart(s) ☐

Diseases and disorders *(Select if/where appropriate):*		
Beau's line ☐	Koilonychia ☐	Onychoptosis ☐
Discoloured nails ☐	Onychatrophia ☐	Pitting ☐
Hang nail(s) ☐	Onychogryphosis ☐	Sepsis ☐
Mould ☐	Onychophyma ☐	Dermatitis ☐
Onychocryptosis ☐	Paronychia(whitlow) ☐	Habit tic ☐
Onychophagy ☐	Vertical ridges ☐	Leuconychia ☐
Onychorrhexis ☐	Bruised nail(s) ☐	Onychia ☐
Pterygium ☐	Flaking ☐	Onychomycosis (Tinea ungium) ☐
Transverse ridges ☐	Lamella dystrophy ☐	Psoriasis ☐
Blue nail ☐	Onychauxis ☐	Severely bitten/picked skin around the nail ☐
Eczema ☐	Onycholisis ☐	

Nail test *(Select if/where appropriate):*								
Moisture content:	Excellent	☐	Good	☐	Fair	☐	Poor	☐
Cuticle condition:	Excellent	☐	Good	☐	Fair	☐	Poor	☐
Skin's condition:	Dehydrated	☐	Dry	☐	Normal	☐		
Skin's healing ability:	Excellent	☐	Good	☐	Fair	☐	Poor	☐
Circulation:	Good	☐	Normal	☐	Poor	☐		
Overall skin/nail condition:								

Treatment *(Select if/where appropriate):*								
Treatment:	Pedicure	☐						
Foot and nail treatments:	Paraffin wax	☐	Foot mask	☐	Thermal boots	☐	Exfoliants	☐
Nail finishes:	Dark varnish	☐	Light varnish	☐	French varnish	☐		

Treatment details *(To include products used):*

Client feedback:

Home care advice:

Learner signature: _____

Client signature: _____

Document History

Version	Issue Date	Changes	Role
V0.2	5/8/19	Formatting changes, removed duplicate line	Temp
v1	14/10/2019	First published	Qualifications Administrator