Client Consultation Form

iUBT385 – Apply light cured polish

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 on the hands or feet ☐	Undiagnosed pain ☐
Medical oedema ☐	Diabetes ☐	Acute rheumatism ☐
Arthritis ☐		

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

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

Area to be treated *(Select if/where appropriate):*			
Toe nails	☐	Finger nails	☐

Treatment details *(To include products used):*							
Dark colour	☐	Light colour	☐	French	☐	Nail art design	☐
Removal							☐

Photographs *(Before and after):*

Client feedback:

Aftercare/homecare advice given:

Therapist/Learner signature: _____

Client signature: _____

Document History

Version	Issue Date	Changes	Role
V0.4	5/8/19	formatting	Temp
v1	29/10/2019	First published	Qualifications Administrator