Client Consultation Form

iUBT304 – Body art design

College name:	
College 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	☐	Any skin condition being treated by a GP, dermatologist or another practitioner			☐
Nervous/psychotic conditions	☐	Medical oedema	☐	Arthritis	☐
Acute rheumatism	☐	Recent surgery	☐	Inflamed nerve	☐
Diabetes	☐	Undiagnosed pain	☐		

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

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	☐	Dark	☐	Olive ☐
Circulation:	Good	☐	Normal	☐	Poor	☐	
Pores:	Fine	☐	Dilated	☐	Comedones	☐	Milia ☐
Overall skin type:	White	☐	Black	☐	Asian skin type	☐	Mixed ☐
	Dry	☐	Oily	☐	Combination	☐	Normal ☐
	Brief description						

Skin sensitivity/patch test *(Documentary evidence of patch test to be included):*	
Positive ☐	Negative ☐
Product(s) tested:	

Research materials:

Design details/specification *(clear explanation and instructions of how to create the look):*

Photographs *(showing progressive shots):*

Client feedback:

Aftercare advice *(including details on make-up removal):*

Learner signature: _____

Client signature: _____

iUBT304 – Skin Sensitivity/Patch Test

Please read carefully and only sign if you are in full agreement with its contents.

I _____ confirm that I have received the required patch test(s) 24-48 hours prior to receiving fashion and photographic make-up treatment and confirm that I am willing to proceed.

You should note that if the learner is unable to explain to you the treatment contra-actions and contra-indications or is unsure of anything that may apply to a specific condition then they should not treat you without asking you to consult with your GP or Consultant.

It is your responsibility and not that of the learner to consult your GP or Consultant.

I hereby indemnify the learner against any adverse reaction sustained as a result of the treatment.

Learner signature: _____ **Date:** _____

Client signature: _____ **Date:** _____

Document History

Version	Issue Date	Changes	Role
v1	02/12/2019	First published	Qualifications Administrator