

Treatment Evidence Form

iUBT381 – Provide nail art

Centre name:	
Centre number:	
Learner name:	
Learner number:	
Date:	

Client name:		
Address:		
Profession:		
Telephone number:	Day:	
	Evening:	

Personal details:						
Age group:	Under 20 <input type="checkbox"/>	20 – 30 <input type="checkbox"/>	30 – 40 <input type="checkbox"/>	40 – 50 <input type="checkbox"/>	50 – 60 <input type="checkbox"/>	60+ <input type="checkbox"/>
Lifestyle:	Active <input type="checkbox"/>			Sedentary <input type="checkbox"/>		
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 <input type="checkbox"/>	Nervous/psychotic conditions <input type="checkbox"/>	Inflamed nerve <input type="checkbox"/>
Any condition already being treated by a GP, dermatologist or another practitioner <input type="checkbox"/>	Recent operations of the hands or feet <input type="checkbox"/>	Undiagnosed pain <input type="checkbox"/>
Medical oedema <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Acute rheumatism <input type="checkbox"/>
Arthritis <input type="checkbox"/>		

Contra-indications that restrict treatment – *(Select if/where appropriate):*

Fever <input type="checkbox"/>	Bruises <input type="checkbox"/>	Nail separation <input type="checkbox"/>
Infectious or contagious diseases <input type="checkbox"/>	Abrasions <input type="checkbox"/>	Eczema <input type="checkbox"/>
Under the influence of recreational drugs or alcohol <input type="checkbox"/>	Scar tissue (2 years for major operation and 6 months for a small scar) <input type="checkbox"/>	Psoriasis <input type="checkbox"/>
Diarrhoea and vomiting <input type="checkbox"/>	Recent fractures (minimum 3 months) <input type="checkbox"/>	Loss of skin sensation <input type="checkbox"/>
Any know allergies <input type="checkbox"/>	Sunburn <input type="checkbox"/>	Chilblains <input type="checkbox"/>
Undiagnosed lumps and bumps <input type="checkbox"/>	Repetitive strain injury <input type="checkbox"/>	Corns <input type="checkbox"/>
Inflammation <input type="checkbox"/>	Carpal tunnel syndrome <input type="checkbox"/>	Verrucae <input type="checkbox"/>
Cuts <input type="checkbox"/>	Severely bitten or damaged nails <input type="checkbox"/>	Wart(s) <input type="checkbox"/>

Diseases and Disorders – (Select if/where appropriate):			
Beau's line	<input type="checkbox"/>	Onychauxis	<input type="checkbox"/>
Discoloured nails	<input type="checkbox"/>	Onycholysis	<input type="checkbox"/>
Koilonychia	<input type="checkbox"/>	Onychoptosis	<input type="checkbox"/>
Onychatrophia	<input type="checkbox"/>	Pitting	<input type="checkbox"/>
Onychogryphosis	<input type="checkbox"/>	Sepsis	<input type="checkbox"/>
Onychophyma	<input type="checkbox"/>	Bruised nail(s)	<input type="checkbox"/>
Paronychia (whitlow)	<input type="checkbox"/>	Flaking	<input type="checkbox"/>
Vertical ridges	<input type="checkbox"/>	Leuconychia	<input type="checkbox"/>
Blue nails	<input type="checkbox"/>	Onychia	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	Onychomycosis (Tinea unguium)	<input type="checkbox"/>
Lamella dystrophy	<input type="checkbox"/>		

Nail test – (Select if/where appropriate):				
Moisture content:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Cuticle condition:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Skin condition:	Dehydrated <input type="checkbox"/>	Dry <input type="checkbox"/>	Normal <input type="checkbox"/>	
Skins healing ability:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Circulation:	Good <input type="checkbox"/>	Normal <input type="checkbox"/>	Poor <input type="checkbox"/>	
Overall skin/nail condition:				

Area to be treated - (Select if/where appropriate):			
Toe nails		<input type="checkbox"/>	Fingernails <input type="checkbox"/>
Treatment (Select if/where appropriate):	Coloured polish	<input type="checkbox"/>	Rhinestones <input type="checkbox"/>
	Transfers	<input type="checkbox"/>	Marbling <input type="checkbox"/>
	Glitter	<input type="checkbox"/>	Striping <input type="checkbox"/>
	Foils	<input type="checkbox"/>	Dotting <input type="checkbox"/>
	Flat stones	<input type="checkbox"/>	Freehand <input type="checkbox"/>

Treatment details – (To include products used):

Details of design of application/image - (including photographs):

Client feedback:

Home care advice:

Therapist/Learner signature: _____

Client signature: _____

Document History

Version	Issue Date	Changes	Role
v1	29/10/2019	First published	Qualifications Administrator
v2	09/12/2019	Corrected spelling (tinea unguium)	Qualifications Administrator