Client Consultation Form

iUBT405 – Enhance nails using electric files

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 sign an informed consent form stating that the treatment and its effects have been fully explained to them and confirm that they are willing to proceed without permission from their GP:*					
Transverse ridges	☐	Hangnail	☐	Warts	☐
Vertical ridges	☐	Lamella dystrophy	☐	Verucca	☐
Beau's line	☐	Onychomycosis (Tinea unguium)	☐	Loss of skin sensation	☐
Blue nail	☐	Onychoptosis	☐	Diabetes	☐
Psoriasis	☐	Onychatrophia	☐	Allergies	☐
Eczema	☐	Onychauxis	☐	Corns	☐
Paronychia (Whitlow)	☐	Onychorrhexis	☐	Chilblains	☐
Sepsis	☐	Onychogryphosis	☐	Cuts	☐
Leukonychia	☐	Onycholisis	☐	Abrasions	☐
Flaking	☐	Onychocryptosis	☐	Broken bones	☐
Dry/brittle nails	☐	Koilonychia	☐	Discolouration	☐
Pitting	☐	Onychophagy	☐	Severely bitten nails	☐
Pterygium	☐	Onychophyma	☐	Severely bitten/picked skin around the nail	☐
Onychia	☐	Mould	☐	Haemophilia	☐
Any condition already being treated by a GP, dermatologist or another practitioner	☐	Acute arthritis	☐	Nervous or psychotic conditions	☐
Recent operations on the area	☐	Diabetes	☐	Undiagnosed pain	☐
Acute rheumatism	☐	Asthma	☐		

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

Area to be treated:			
Toenails	☐	Fingernails	☐

Treatment details – *(to include tools and techniques used):*

Client feedback:

After/home care advice given:

Therapist/Learner signature: _____

Client signature: _____