

Client Consultation Form

iUBT376 – Providing basic 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 <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"/>
Last visit to the doctor:						
GP address:						

Nail test:				
Contra- indications:	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"/>	
Nail colour:	Pink <input type="checkbox"/>	Pale <input type="checkbox"/>	Blue <input type="checkbox"/>	
Overall nail condition:				
Treatment to include (Select if/where appropriate):				
File the nails	<input type="checkbox"/>	Buff the nails	<input type="checkbox"/>	Base coat <input type="checkbox"/>
				Light coloured nail polish <input type="checkbox"/>
Top coat	<input type="checkbox"/>	Foot lotion	<input type="checkbox"/>	

Aftercare/home care advice:

Learner signature: _____

Client Signature: _____

Signature of senior member of staff: _____

Document History

Version	Issue Date	Changes	Role
v0.2	5/8/19	Format/grammar	Temp
v1	17/12/19	First published	Qualifications Administrator