

Client Consultation Form

iUBT391 – Fashion and photographic make-up

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

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

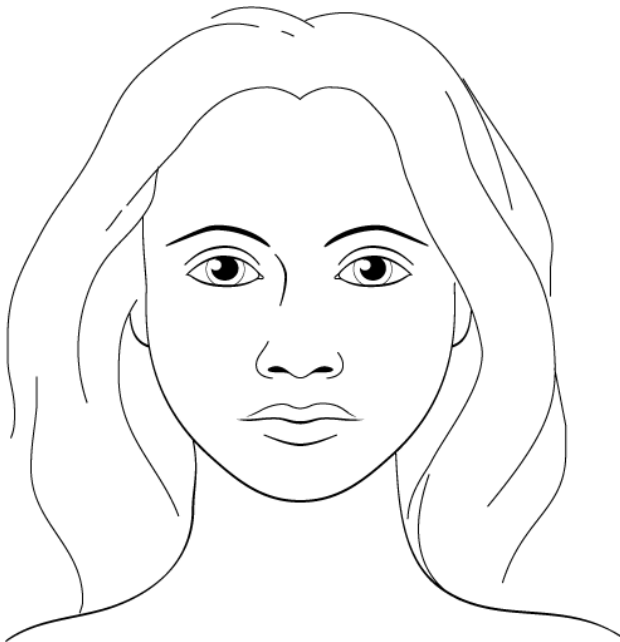
Personal details:									
Age group:	Under 20 <input type="checkbox"/>	20 – 30 <input type="checkbox"/>	30 – 40 <input type="checkbox"/>	40 – 50 <input type="checkbox"/>	50 – 60 <input type="checkbox"/>	60+ <input type="checkbox"/>			
Lifestyle:	Active <input type="checkbox"/>			Sedentary <input type="checkbox"/>					
Last visit to the doctor:									
GP address:									
Number of children: <i>(If applicable)</i>									
Date of last period: <i>(If applicable)</i>									

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):

Any skin condition being treated by a dermatologist <input type="checkbox"/>	Nervous/psychotic conditions <input type="checkbox"/>	Recent facial operations <input type="checkbox"/>
Inflamed nerve <input type="checkbox"/>	Bell's palsy <input type="checkbox"/>	Skin cancer <input type="checkbox"/>
Undiagnosed pain in the face <input type="checkbox"/>		

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

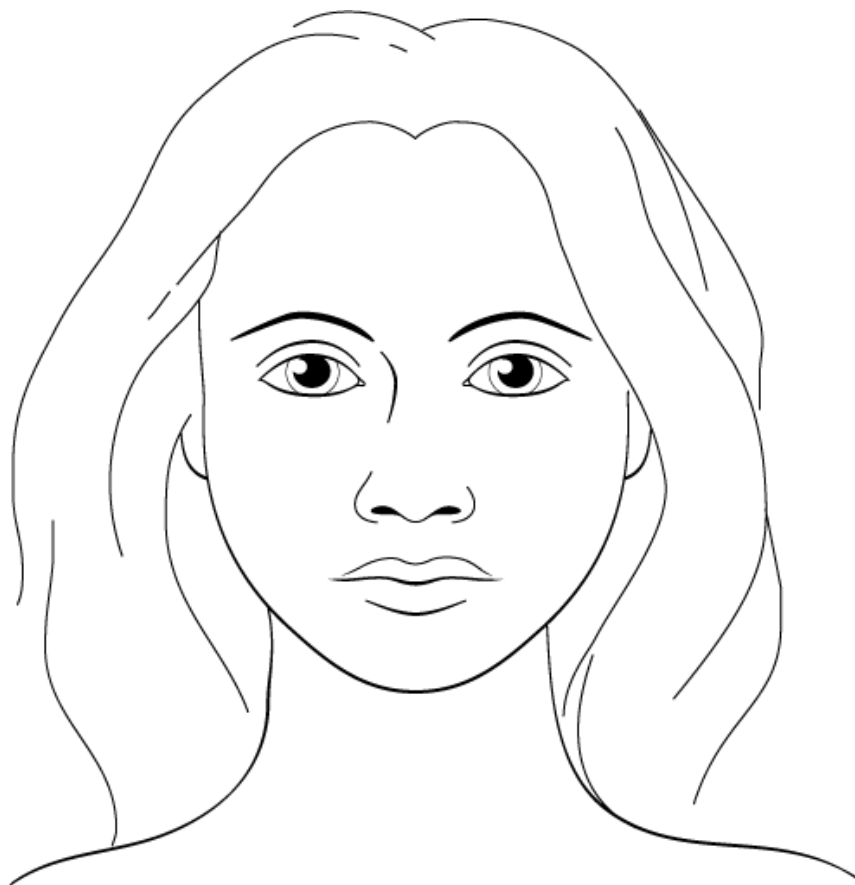
Fever <input type="checkbox"/>	Contagious or infectious diseases <input type="checkbox"/>	Under the influence of recreational drugs or alcohol <input type="checkbox"/>
Any known allergies <input type="checkbox"/>	Infectious skin diseases and disorders <input type="checkbox"/>	Undiagnosed lumps and bumps <input type="checkbox"/>
Localised swelling <input type="checkbox"/>	Inflammation <input type="checkbox"/>	Cuts <input type="checkbox"/>
Bruises <input type="checkbox"/>	Abrasions <input type="checkbox"/>	Scar tissue (2 years for major operation and 6 months for a small scar) <input type="checkbox"/>
Sunburn <input type="checkbox"/>	Recent fractures (minimum 3 months) <input type="checkbox"/>	Sinusitis <input type="checkbox"/>
Neuralgia <input type="checkbox"/>	Migraine/headache <input type="checkbox"/>	Hypersensitive skin <input type="checkbox"/>
Conjunctivitis <input type="checkbox"/>	Any eye surgery (approximately 6 months) <input type="checkbox"/>	Stye <input type="checkbox"/>
Watery eye <input type="checkbox"/>	Contact lenses must be removed <input type="checkbox"/>	Very nervous clients <input type="checkbox"/>
Blepharitis <input type="checkbox"/>	Eczema <input type="checkbox"/>	Psoriasis <input type="checkbox"/>
Dermatitis <input type="checkbox"/>	Sycosis barbae <input type="checkbox"/>	Pediculosis capitis <input type="checkbox"/>
Herpes simplex <input type="checkbox"/>	Seborrheic dermatitis <input type="checkbox"/>	Alopecia <input type="checkbox"/>
Temporo-mandibular joint tension (TMJ syndrome) <input type="checkbox"/>	Diarrhoea and/or vomiting <input type="checkbox"/>	Urticaria <input type="checkbox"/>
Skin allergies <input type="checkbox"/>	Botox/dermal fillers (1 week after treatment) <input type="checkbox"/>	Hyperkeratosis <input type="checkbox"/>
Trapped/pinched nerve affecting the treatment area <input type="checkbox"/>	Inflamed nerve <input type="checkbox"/>	Hay fever <input type="checkbox"/>

Skin test – (Select if/where appropriate):				
Moisture content:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Muscle tone:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Elasticity:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Sensitivity:	High <input type="checkbox"/>		Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Skins healing ability:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Skin tone:	White <input type="checkbox"/>	Black <input type="checkbox"/>	Asian skin type <input type="checkbox"/>	Mixed <input type="checkbox"/>
Circulation:	Good <input type="checkbox"/>		Normal <input type="checkbox"/>	Poor <input type="checkbox"/>
Pores:	Fine <input type="checkbox"/>	Dilated <input type="checkbox"/>	Comedones <input type="checkbox"/>	Milia <input type="checkbox"/>
Overall skin type/ characteristics:	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>	Oily <input type="checkbox"/>	Combination <input checked="" type="checkbox"/>
	Young <input type="checkbox"/>	Mature <input type="checkbox"/>	Dehydrated <input type="checkbox"/>	Sensitive <input type="checkbox"/>
	Young	Brief description:		
				
Skin sensitivity patch test (Documentary evidence of patch test to be included):	Product tested:			
	Positive <input type="checkbox"/>		Negative <input type="checkbox"/>	
Make-up looks to include (select where appropriate):	Photographic black and white <input type="checkbox"/>	Photographic colour <input type="checkbox"/>	High fashion <input type="checkbox"/>	Fantasy make- up <input type="checkbox"/>
	Period make-up <input type="checkbox"/>	Catwalk <input type="checkbox"/>	Bridal <input type="checkbox"/>	Commercial <input type="checkbox"/>

Research materials:**Design details/specification – *(Clear explanation and instructions of how to create the look/character):*****Photographs – *(Showing before, after and progressive shots):***

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

Make-up design plan:



Products used:

Learner's signature: _____

Client signature: _____

Document History

Version	Issue Date	Changes	Role
v1	18/12/2019	First published	Qualifications Administrator