

# Client Consultation Form

**iUBT299** – Fashion, theatre, special effects and media make-up

<b>Centre name:</b>	
<b>Centre number:</b>	
<b>Learner name:</b>	
<b>Learner number:</b>	
<b>Date:</b>	

<b>Client name:</b>		
<b>Address:</b>		
<b>Profession:</b>		
<b>Telephone number:</b>	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):**

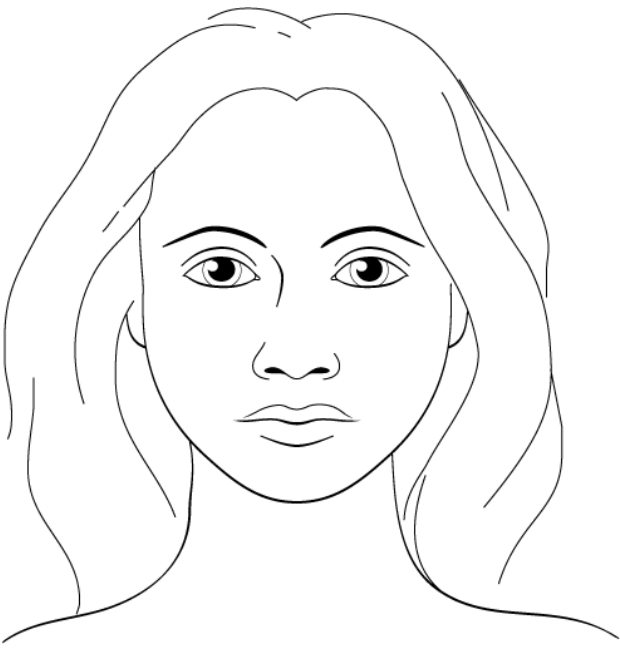
Any skin condition being treated by a dermatologist <input type="checkbox"/>	Inflamed nerve <input type="checkbox"/>	Undiagnosed pain in the face <input type="checkbox"/>
Nervous/psychotic conditions <input type="checkbox"/>	Bell's palsy <input type="checkbox"/>	Skin cancer <input type="checkbox"/>
Recent facial operations <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 tissues (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"/>	Seborrhoeic dermatitis <input type="checkbox"/>	Alopecia <input type="checkbox"/>
Bell's palsy <input type="checkbox"/>	Temporo-mandibular joint tension (TMJ Syndrome) <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:	Fair <input type="checkbox"/>	Medium <input type="checkbox"/>	Dark <input type="checkbox"/>	Olive <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"/>	Comodones <input type="checkbox"/>	Milia <input type="checkbox"/>

Overall skin type/characteristics (select if/where appropriate):	Brief description:			
	White <input type="checkbox"/>	Black <input type="checkbox"/>	Asian skin type <input type="checkbox"/>	Mixed <input type="checkbox"/>
	Dry <input type="checkbox"/>	Oily <input type="checkbox"/>	Combination <input type="checkbox"/>	Mature <input type="checkbox"/>
	Young <input type="checkbox"/>			
Treatment to include (select where appropriate):	High fashion look <input type="checkbox"/>	Ballet/dance make-up <input type="checkbox"/>	Pantomime <input type="checkbox"/>	An animal <input type="checkbox"/>
	Fantasy make-up <input type="checkbox"/>	Character using prosthetics <input type="checkbox"/>	Character with bruises and scars <input type="checkbox"/>	Oriental make-up <input type="checkbox"/>
	Period make-up <input type="checkbox"/>	Fairytale <input type="checkbox"/>	Crepe hair <input type="checkbox"/>	Beard <input type="checkbox"/>
	Moustache <input type="checkbox"/>	Stubble <input type="checkbox"/>		
				

4 special effects:	
1	
2	
3	
4	

**Research materials:****Clear explanation and instructions of how to create the character:****Photographs to show progressive shots**

**Reflective practice:****Overall Conclusion:**

**Make-up artist/Learner signature:** \_\_\_\_\_

**Client signature:** \_\_\_\_\_

## Document History

Version	Issue Date	Changes	Role
v1	27/09/2019	First published	Qualifications and Regulation Co-ordinator
v2	09/01/2020	Amended a typographical error	Qualifications and Regulation Co-ordinator