Treatment Evidence Form

iUBT404 – Provide manicure treatments

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 give their informed consent in writing prior to treatment (Select if/where appropriate):*		
Haemophilia ☐	Nervous/psychotic conditions ☐	Inflamed nerve ☐
Any condition already being treated by a GP, dermatologist or another practitioner ☐	Recent operations of the hands or feet ☐	Undiagnosed pain ☐
Medical oedema ☐	Diabetes ☐	Acute rheumatism ☐
Arthritis ☐		

Contra-indications that restrict treatment *(Select if/where appropriate):*		
Fever ☐	Severe bruising ☐	Nail separation ☐
Infectious or contagious diseases ☐	Abrasions ☐	Eczema ☐
Under the influence of recreational drugs or alcohol ☐	Scar tissue (2 years for major operation and 6 months for a small scar) ☐	Psoriasis ☐
Diarrhoea and vomiting ☐	Recent fractures (minimum 3 months) ☐	Loss of skin sensation ☐
Any known allergies ☐	Sunburn ☐	Chilblains ☐
Undiagnosed lumps and bumps ☐	Repetitive Strain Injury ☐	Corns ☐
Inflammation ☐	Carpal Tunnel Syndrome ☐	Verrucae ☐
Cuts ☐	Severely bitten or damaged nails ☐	Wart(s) ☐

Diseases and disorders *(Select if/where appropriate):*		
Beau's line ☐	Mould ☐	Onychorrhexis ☐
Blue nail ☐	Onychatrophia ☐	Paronychia ☐
Bruised nail(s) ☐	Onychauxis ☐	Pitting ☐
Dermatitis ☐	Onychia ☐	Psoriasis ☐
Discoloured nails ☐	Onychocryptosis ☐	Pterygium (Whitlow) ☐
Eczema ☐	Onychogryphosis ☐	Sepsis ☐
Flaking ☐	Onycholisis ☐	Severely bitten/ picked skin around the nail ☐
Hang nail(s) ☐	Onychomycosis ☐	Transverse ridges ☐
Koilonychia ☐	Onychophagy ☐	Vertical ridges ☐
Lamella dystrophy ☐	Onychophyma ☐	
Leuconychia ☐	Onychoptosis (Tinea Ungium) ☐	

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

Treatment *(Select if/where appropriate):*			
Treatment:	Manicure ☐		
Foot and nail treatments:	Paraffin wax ☐	Hand mask ☐	Thermal mittens ☐
	Warm oil ☐	Exfoliants ☐	
Nail finishes:	Buffing ☐	Coloured varnish ☐	French manicure ☐

Treatment details *(To include products used):*

Client feedback:

Home care advice:

Learner signature: _____

Client signature: _____

Document History

Version	Issue Date	Changes	Role
v1	14/01/2020	First published	Qualification and Regulation Co-ordinator