

Treatment Evidence Form

iUBT429 – Manicure and pedicure

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: (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 <input type="checkbox"/>	Nervous/psychotic conditions <input type="checkbox"/>	Inflamed nerve <input type="checkbox"/>
Any condition already being treated by a GP, dermatologist or another practitioner <input type="checkbox"/>	Recent operations of the hands or feet <input type="checkbox"/>	Undiagnosed pain <input type="checkbox"/>
Medical oedema <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Acute rheumatism <input type="checkbox"/>
Arthritis <input type="checkbox"/>		

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

Fever <input type="checkbox"/>	Cuts <input type="checkbox"/>	Sunburn <input type="checkbox"/>
Infectious or contagious diseases <input type="checkbox"/>	Severe bruising <input type="checkbox"/>	Repetitive strain injury <input type="checkbox"/>
Under the influence of recreational drugs or alcohol <input type="checkbox"/>	Psoriasis <input type="checkbox"/>	Carpal Tunnel Syndrome <input type="checkbox"/>
Diarrhoea and vomiting <input type="checkbox"/>	Abrasions <input type="checkbox"/>	Severely bitten or damaged nails <input type="checkbox"/>
Any known allergies <input type="checkbox"/>	Scar tissues (2 years for major operation and 6 months for a small scar) <input type="checkbox"/>	Nail separation <input type="checkbox"/>
Undiagnosed lumps and bumps <input type="checkbox"/>	Recent fractures (minimum 3 months) <input type="checkbox"/>	Eczema <input type="checkbox"/>
Inflammation <input type="checkbox"/>		

Nail test – (Select if/where appropriate):

Moisture content:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Cuticle condition:	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"/>
Skins healing ability:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Circulation:	Good <input type="checkbox"/>		Normal <input type="checkbox"/>	Poor <input type="checkbox"/>
Overall nail/cuticle condition				
Treatment to include <i>(select where appropriate)</i> :	Manicure <input type="checkbox"/>		Pedicure <input type="checkbox"/>	French polish <input type="checkbox"/>

Treatment details – *(To include products used):*

Client feedback:

Aftercare/home care advice:

Therapist/Learner signature: _____

Client signature: _____

Document History

Version	Issue Date	Changes	Role
v1	30/09/2019	First published	Qualifications and Regulation Co-ordinator
v2	14/01/2019	Amended consultation to treatment evidence	Qualifications and Regulation Co-ordinator