Treatment Evidence Form

iUBT308 – Apply and maintain nail enhancements

College name:	
College 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):*					
Transverse ridges	☐	Pterygium	☐	Onychocryptosis	☐
Vertical ridges	☐	Onychia	☐	Koilonychia	☐
Beau's line	☐	Hangnail	☐	Onychophagy	☐
Blue nail	☐	Lamella dystrophy	☐	Onychophyma	☐
Psoriasis	☐	Onychomycosis (Tinea Ungium)	☐	Mould	☐
Eczema	☐	Onychoptosis	☐	Warts	☐
Paronychia (Whitlow)	☐	Onychatrophia	☐	Verucca	☐
Sepsis	☐	Onychauxis	☐	Loss of skin sensation	☐
Leuconychia	☐	Onychorrhexis	☐	Diabetes	☐
Flaking	☐	Onychogryphosis	☐	Allergies	☐
Dry/Brittle nails	☐	Onychogryposis	☐	Corns	☐
Pitting	☐	Onycholysis	☐	Chilblains	☐
Cuts	☐	Broken bones	☐	Severely bitten nails	☐
Abrasions	☐	Discolouration	☐	Severely bitten/picked skin around the nail	☐
Haemophilia	☐	Any condition already being treated by a GP, dermatologist or another practitioner	☐	Acute arthritis	☐
Nervous or psychotic conditions	☐	Recent operations on the area	☐	Diabetes	☐
Inflamed nerve	☐	Undiagnosed pain	☐	Acute rheumatism	☐

Contra-indications that restrict treatment - (*Select if/where appropriate):*					
Fever	☐	Infectious or contagious diseases	☐	Infectious or contagious diseases of the skin and nails	☐
Under the influence of recreational drugs or alcohol	☐	Diarrhoea and/or vomiting	☐	Any known allergies	☐
Undiagnosed lumps and bumps	☐	Inflammation	☐	Cuts	☐
Bruises	☐	Abrasions	☐	Scar tissue (2 years for major operations and 6 months for a small scar)	☐
Recent fractures (minimum 3 months)	☐	Sunburn	☐	Repetitive strain injury	☐
Carpal tunnel syndrome	☐	Loss of skin sensation	☐	Severely bitten/damaged nails	☐
Nail separation	☐	Eczema	☐	Psoriasis	☐
Dermatitis	☐	Broken bones	☐		

Nail test:								
Natural nail shape:	Fan	☐	Hook	☐	Oval	☐	Pointed	☐
	Round	☐	Ski jump/spoon	☐	Square	☐		
Moisture content:	Excellent	☐	Good	☐	Fair	☐	Poor	☐
Cuticle condition:	Excellent	☐	Good	☐	Fair	☐	Poor	☐
Skin condition:	Dehydrated	☐	Dry	☐	Normal	☐		
Skins healing ability:	Excellent	☐	Good	☐	Fair	☐	Poor	☐
Circulation:	Good	☐	Normal	☐	Poor	☐		
Overall nail/cuticle condition:								

Area to be treated:	
Toe nails ☐	Finger nails ☐

Nail system to be used *(Select where appropriate):*							
Gel	☐	Acrylic/liquid and powder	☐	Wrap	☐	Infills	☐
Rebalance	☐	Repair	☐	Removal	☐		

Treatment details including service performed:

Photographs:	
Before	**After**

Client feedback:

After/home care advice:

Learner signature: _____

Client signature: _____

Document History

Version	Issue Date	Changes	Role
v1	02/12/2019	First published	Qualifications Administrator
v2	14/01/2020	Amended consultation to treatment evidence	Qualifications and Regulation Co-ordinator