

# Treatment Evidence Form

iUBT311 – Nail technology

<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 (Select if/where appropriate):		
Transverse ridges <input type="checkbox"/>	Lamella dystrophy <input type="checkbox"/>	Warts <input type="checkbox"/>
Vertical ridges <input type="checkbox"/>	Onychomycosis (Tinea unguium) <input type="checkbox"/>	Verucca <input type="checkbox"/>
Beau's line <input type="checkbox"/>	Onychoptosis <input type="checkbox"/>	Loss of skin sensation <input type="checkbox"/>
Blue nail <input type="checkbox"/>	Onychatrophia <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Psoriasis <input type="checkbox"/>	Onychauxis <input type="checkbox"/>	Allergies <input type="checkbox"/>
Eczema <input type="checkbox"/>	Onychorrhaxis <input type="checkbox"/>	Corns <input type="checkbox"/>
Paronychia (Whitlow) <input type="checkbox"/>	Onychogryphosis <input type="checkbox"/>	Chilblains <input type="checkbox"/>
Sepsis <input type="checkbox"/>	Onychogryposis <input type="checkbox"/>	Cuts <input type="checkbox"/>
Leuconychia <input type="checkbox"/>	Onycholysis <input type="checkbox"/>	Abrasions <input type="checkbox"/>
Flaking <input type="checkbox"/>	Onychocryptosis <input type="checkbox"/>	Broken bones <input type="checkbox"/>
Dry/brittle nails <input type="checkbox"/>	Koilonychia <input type="checkbox"/>	Discolouration <input type="checkbox"/>
Pitting <input type="checkbox"/>	Onychophagy <input type="checkbox"/>	Severely bitten nails <input type="checkbox"/>
Pterygium <input type="checkbox"/>	Onychophyma <input type="checkbox"/>	Severely bitten/picked skin around the nails <input type="checkbox"/>
Onychia <input type="checkbox"/>	Bacterial infection <input type="checkbox"/>	Hang nail <input type="checkbox"/>

Nail test:				
Heading:	Natural nail shape <input type="checkbox"/>	Fan <input type="checkbox"/>	Hook <input type="checkbox"/>	Oval <input type="checkbox"/>
	Pointed <input type="checkbox"/>	Round <input type="checkbox"/>	Ski jump/spoon <input type="checkbox"/>	Square <input type="checkbox"/>
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:				

Area to be treated:	
Toe nails <input type="checkbox"/>	Finger nails <input type="checkbox"/>

Nail system to be used (select where appropriate):		
Gel <input type="checkbox"/>	Acrylic liquid and powder <input type="checkbox"/>	Infills <input type="checkbox"/>
Repair <input type="checkbox"/>	Rebalance <input type="checkbox"/>	Removal <input type="checkbox"/>

**Treatment details including services performed:****Client feedback:****After/home care advice:**

**Photographs – before and after:**

**Therapist/Learner signature:** \_\_\_\_\_

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

## Document History

Version	Issue Date	Changes	Role
v1	03/12/2019	First published	Qualifications Administrator
v2	14/01/2020	Amended consultation to treatment evidence	Qualifications and Regulation Co-ordinator