

# 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:	

<b>Personal details:</b>						
<b>Age group:</b>	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"/>
<b>Lifestyle:</b>	Active <input type="checkbox"/>			Sedentary <input type="checkbox"/>		
<b>Last visit to the doctor:</b>						
<b>GP Address:</b>						
<b>Number of children:</b> <i>(If applicable)</i>						
<b>Date of last period:</b> <i>(If applicable)</i>						

<b>Contra-indications (Select if/where appropriate):</b>					
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"/>

<b>Nail test:</b>								
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:								

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

<b>Nail system to be used (select where appropriate):</b>					
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:**

A large, empty rectangular area with a thin black border, intended for pasting 'before and after' photographs. It occupies the majority of the page's vertical space.

**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