Treatment Evidence Form

iUBT312 – Bridal make-up

Centre name:	
Centre number:	
Learner name:	
Learner number:	
Date:	

Client name:		
Address:		
Profession:		
Telephone number:	Day:	
	Evening:	

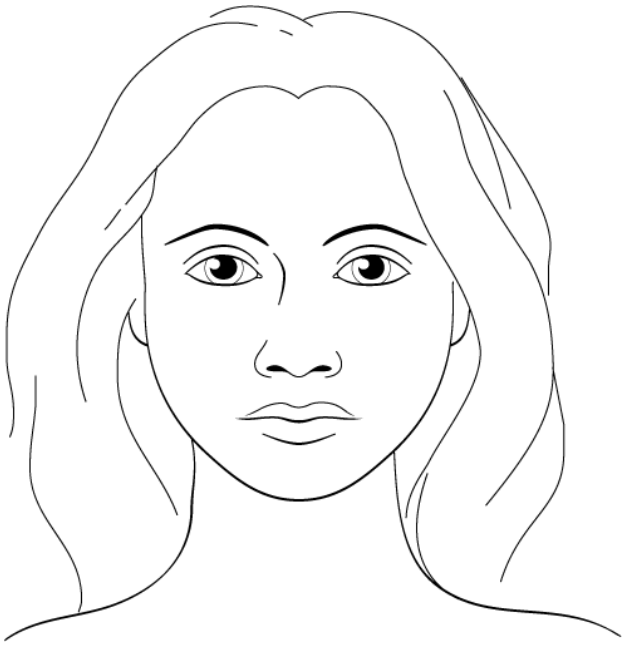
Personal details:						
Age group:	Under 20 ☐	20 – 30 ☐	30 – 40 ☐	40 – 50 ☐	50 – 60 ☐	60+ ☐
Lifestyle:	Active ☐			Sedentary ☐		
Last visit to the doctor:						
GP Address:						
Number of children: *(If applicable)*						
Date of last period: *(If applicable)*						

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):*					
Medical oedema	☐	Nervous/psychotic conditions	☐	Epilepsy	☐
Recent facial operations affecting the area	☐	Diabetes	☐	Skin cancer	☐
Slipped disc	☐	Undiagnosed pain	☐	When taking prescribed medication	☐
Whiplash	☐				

Contra-indications that restrict treatment – *(Select if/where appropriate):*					
Fever	☐	Contagious or infectious diseases	☐	Under the influence of recreational drugs or alcohol	☐
Diarrhoea and vomiting	☐	Any known allergies	☐	Eczema	☐
Dermatitis	☐	Psoriasis	☐	Undiagnosed lumps and bumps	☐
Localised swelling	☐	Inflammation	☐	Cuts	☐
Bruises	☐	Abrasions	☐	Scar tissue (2 years for major operation and 6 months for a small scar)	☐
Conjunctivitis	☐	Sunburn	☐	Hormonal implants	☐
Recent fractures (minimum 3 months)	☐	Sinusitis	☐	Neuralgia	☐
Migraine/Headache	☐	Hypersensitive skin	☐	Botox/dermal fillers (1 week following treatment)	☐
Hyperkeratosis	☐	Skin allergies	☐	Styes	☐
Blepharitis	☐	Watery eyes	☐	Trapped/pinched nerve affecting the treatment area	☐
Inflamed nerve	☐	Eye infection	☐	Any eye surgery (approximately 6 months)	☐
Hay fever	☐	Infectious and non-infectious skin conditions specific to the eye area (e.g. atopic eczema, atopic dermatitis, psoriasis)	☐		

Skin test – *(Select if/where appropriate):*							
Moisture content:	Excellent	☐	Good	☐	Fair	☐	Poor ☐
Muscle tone:	Excellent	☐	Good	☐	Fair	☐	Poor ☐
Elasticity:	Excellent	☐	Good	☐	Fair	☐	Poor ☐
Sensitivity:	High	☐	Medium	☐	Low	☐	
Skins healing ability:	Excellent	☐	Good	☐	Fair	☐	Poor ☐
Skin tone:	Fair	☐	Medium	☐	Dark	☐	Olive ☐

Circulation:	Good ☐	Normal ☐	Poor ☐	
Pores:	Fine ☐	Dilated ☐	Comedones ☐	Milia ☐
Overall skin type:				
Treatment to include *(select where appropriate):*	Bridal make-up ☐			



Make-up details – *(To include products/colours used, bridal make-up chart and before and after photographs):*

Cleanser:	
Toner:	
Moisturiser:	
Pre-base(primer):	
Concealer:	

Foundation:	
Powder:	
Cheek product:	
Bronzing products:	
Eyebrow products:	
Eyeshadow:	
Eyeliner:	
Mascara:	
Lipliner:	
Lip products:	
Additional make-up products:	

Before and after photographs – *(To include products used):*

Client feedback:

Therapist/Learner signature: _____

Client signature: _____

Document History

Version	Issue Date	Changes	Role
v1	09/10/19	First published	Qualifications Administrator
v2	14/01/2020	Amended consultation to treatment evidence	Qualifications and Regulation Co-ordinator