

Client Consultation Form

iUHB305 – Provide shaving services

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

Client name:			
Address:			
Profession:			
Telephone number:	Day:		
	Evening:		
New/Regular client:	New <input type="checkbox"/>	Regular <input type="checkbox"/>	
Service cost:			

Considered all influencing factors:					
Facial hair texture	Fine <input type="checkbox"/>	Medium <input type="checkbox"/>		Coarse <input type="checkbox"/>	
Facial hair growth density	Sparse <input type="checkbox"/>	Dense <input type="checkbox"/>		Very dense <input type="checkbox"/>	
Facial hair length	½mm <input type="checkbox"/>	1mm <input type="checkbox"/>	2mm <input type="checkbox"/>	2mm or more <input type="checkbox"/>	
Piercings	Facial <input type="checkbox"/>			Ears <input type="checkbox"/>	
Facial contours	Mouth/Lips <input type="checkbox"/>	Scars <input type="checkbox"/>	Nose <input type="checkbox"/>	Jaw shape <input type="checkbox"/>	Moles/Cysts <input type="checkbox"/>
Facial growth Patterns	Whorl <input type="checkbox"/>			Direction of hair growth <input type="checkbox"/>	
Skin elasticity	Firm <input type="checkbox"/>	Medium <input type="checkbox"/>		Loose <input type="checkbox"/>	

Contra-indications present:			
History of allergic reactions	<input type="checkbox"/>	Cuts and abrasions	<input type="checkbox"/>
Skin disorders/diseases	<input type="checkbox"/>	Recent injuries/scar tissue	<input type="checkbox"/>
Advice given/actions taken			

Techniques used – (Select if/where appropriate):				
Service to include	Full shave	<input type="checkbox"/>	Brush application	<input type="checkbox"/>
	Backhand shaving technique	<input type="checkbox"/>	Skin tensioning	<input type="checkbox"/>
Massage techniques used	Effleurage		<input type="checkbox"/>	Petrissage
Products used	Pre-shave lotion	<input type="checkbox"/>	Cream	<input type="checkbox"/>
	Soap	<input type="checkbox"/>	Moisturiser	<input type="checkbox"/>
	Other:			
Tools and equipment used	Open blade razor with disposable blades	<input type="checkbox"/>	Shaving brushes	<input type="checkbox"/>
	Eye protection	<input type="checkbox"/>	Gloves	<input type="checkbox"/>
	Cool towels	<input type="checkbox"/>	Other:	

Document History

Version	Issue Date	Changes	Role
v1.0	02/04/2020	First published	Product and Regulation Manager