

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"/>	Incompatibility of products	<input type="checkbox"/>
Skin disorders/diseases	<input type="checkbox"/>	Recent injuries/scar tissue	<input type="checkbox"/>	Other known allergies	<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"/>	Massage application	<input type="checkbox"/>	Forehand shaving technique	<input type="checkbox"/>	
	Backhand shaving technique	<input type="checkbox"/>	Skin tensioning	<input type="checkbox"/>	Sponge shaving	<input type="checkbox"/>			
Massage techniques used	Effleurage		<input type="checkbox"/>	Petrissage		<input type="checkbox"/>	Tapotement		<input type="checkbox"/>
Products used	Pre-shave lotion	<input type="checkbox"/>	Cream	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Gel	<input type="checkbox"/>	
	Soap	<input type="checkbox"/>	Moisturiser	<input type="checkbox"/>	Aftershave balm	<input type="checkbox"/>	Astringents	<input type="checkbox"/>	
	Other:								
Tools and equipment used	Open blade razor with disposable blades	<input type="checkbox"/>	Shaving brushes	<input type="checkbox"/>	Sponges	<input type="checkbox"/>	Sharps box	<input type="checkbox"/>	
	Eye protection	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	Clippers with attachments	<input type="checkbox"/>	Hot towels	<input type="checkbox"/>	
	Cool towels	<input type="checkbox"/>	Other:						

Advice provided to client:		
How to maintain the look		Advice given
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Skin care		Advice given
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Time interval between services		Advice given
Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Therapist/Learner signature: _____

Client signature: _____

Comments

Document History

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