

# Treatment Evidence Form

## UBT285 – Skin analysis and facial skincare

<b>Centre name:</b>	
<b>Centre number:</b>	
<b>Learner name:</b>	
<b>Learner number:</b>	
<b>Date:</b>	

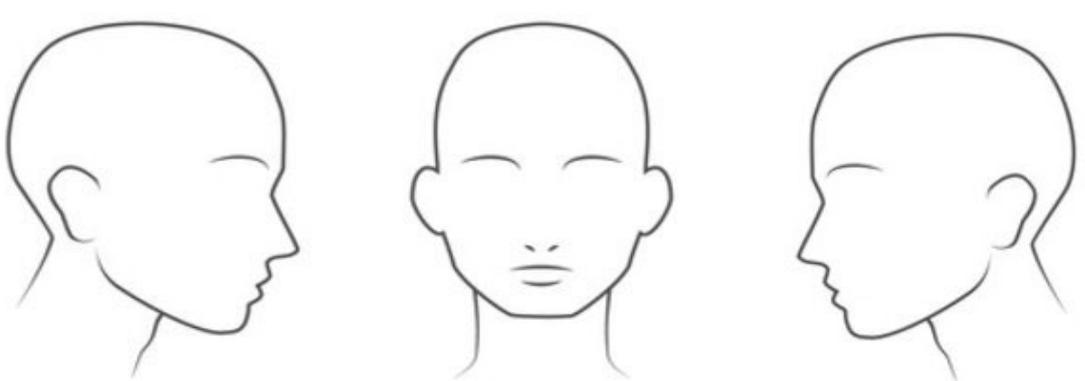
<b>Client name:</b>		
<b>Address:</b>		
<b>Profession:</b>		
<b>Telephone number:</b>	Day:	
	Evening:	

<b>Personal details:</b>						
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:						

<b>Contra-indications that may prevent treatment (absolute contra-indications) –</b> <i>(Select if/where appropriate):</i>		
Severe asthma <input type="checkbox"/>	Contagious skin diseases and disorders <input type="checkbox"/>	Bacterial infections (Impetigo) <input type="checkbox"/>
Viral infections (Herpes simplex) <input type="checkbox"/>	Skin cancer <input type="checkbox"/>	Fungal infections (Tinea) <input type="checkbox"/>
Parasitic infections <input type="checkbox"/>	Systemic medical conditions <input type="checkbox"/>	Eye infections <input type="checkbox"/>
Severe acne <input type="checkbox"/>	Severe skin conditions <input type="checkbox"/>	Boils <input type="checkbox"/>
Recent surgical operations <input type="checkbox"/>	Undiagnosed lumps or swelling <input type="checkbox"/>	Product allergies <input type="checkbox"/>
Cancer treatment <input type="checkbox"/>		

<b>Contra-indications that may restrict treatment (relative contra-indications) –</b> <i>(Select if/where appropriate):</i>		
Undergoing medical treatment <input type="checkbox"/>	Anxiety <input type="checkbox"/>	Medication (for example acne retinols, steroids) <input type="checkbox"/>
Epilepsy <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Pigmentation disorders <input type="checkbox"/>
Micropigmentation <input type="checkbox"/>	Recent dermabrasion or medical peels <input type="checkbox"/>	IPL or laser <input type="checkbox"/>
Epilation <input type="checkbox"/>	Metal pins or plates <input type="checkbox"/>	Botox/dermal fillers (1 week following treatment) <input type="checkbox"/>
Sunburn <input type="checkbox"/>	Psoriasis <input type="checkbox"/>	Eczema <input type="checkbox"/>
Cuts and abrasions <input type="checkbox"/>	Bruises <input type="checkbox"/>	Broken bones <input type="checkbox"/>
Recent scar tissue <input type="checkbox"/>	Hyperkeratosis <input type="checkbox"/>	Styes <input type="checkbox"/>
Skin allergies <input type="checkbox"/>	Respiratory conditions <input type="checkbox"/>	Heart disorder/disease <input type="checkbox"/>
Pacemaker <input type="checkbox"/>	History of thrombosis or embolisms <input type="checkbox"/>	High or low blood pressure <input type="checkbox"/>
Pregnancy <input type="checkbox"/>	Neuralgia <input type="checkbox"/>	

<b>Skin test – (Select if/where appropriate):</b>				
Moisture content:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Muscle tone:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Elasticity:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Sensitivity:	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	
Skin's healing ability:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Fitzpatrick skin type:	Type I <input type="checkbox"/>	Type II <input type="checkbox"/>	Type III <input type="checkbox"/>	Type IV <input type="checkbox"/>
	Type V <input type="checkbox"/>	Type VI <input type="checkbox"/>		
Circulation:	Good <input type="checkbox"/>	Normal <input type="checkbox"/>	Poor <input type="checkbox"/>	

Pores:	Fine <input type="checkbox"/>	Dilated <input type="checkbox"/>		
Characteristics and conditions:	Dry <input type="checkbox"/>	Oily <input type="checkbox"/>	Combination <input type="checkbox"/>	Balanced <input type="checkbox"/>
	Congested <input type="checkbox"/>	Papules <input type="checkbox"/>	Pustules <input type="checkbox"/>	Rosacea <input type="checkbox"/>
	Comedones <input type="checkbox"/>	Milia <input type="checkbox"/>	Scarring and blemishes <input type="checkbox"/>	Vascular <input type="checkbox"/>
	Moles <input type="checkbox"/>	Photo-sensitive <input type="checkbox"/>	Photo-aged <input type="checkbox"/>	Fragile <input type="checkbox"/>
	Sensitive <input type="checkbox"/>	Dehydrated <input type="checkbox"/>		
Overall skin type:				
Treatment to include (select where appropriate):	Superficial cleanse <input type="checkbox"/>	Skin analysis <input type="checkbox"/>	Comedone extraction <input type="checkbox"/>	
	Deep cleanse <input type="checkbox"/>	Exfoliation <input type="checkbox"/>	Steaming <input type="checkbox"/>	
	Mask <input type="checkbox"/>	Moisturiser <input type="checkbox"/>		
				

**Treatment details – (To include products used):**

**Expected reactions and contra-actions that may occur and any action taken – (If applicable):**

**Client feedback:**

**Aftercare advice (including product recommendations and recommendations for further treatment):**

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

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

### Document History

Version	Issue Date	Changes	Role
V1.0	01/04/2023	First published	Product and Regulation Manager