Client Consultation Form

Waxing

2022 version 1.0

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| **Student name** | Click or tap here to enter text. | **ID #** | Enter text. |

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| **Client Information** | | | | | |
| **Client name** | Click or tap here to enter text. | | | **Cell #** | Enter text. |
| **Client address** | Click or tap here to enter text. | | | | |
| **Profession** | Click or tap here to enter text. | | | | |
| **Treatment date** | Enter date. | **Home #** | Enter text. | **Work #** | Enter text. |

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| **Personal details** | | | | | | | | | |
| **Age group** | Choose age group. | | **Lifestyle** | | Active |  | Sedentary | |  |
| **Last GP visit** | Click or tap to enter a date. | | | | | | | | |
| **GP name** | Click or tap here to enter text. | | | | | | | | |
| **GP address** | Click or tap here to enter text. | | | | | | | | |
| **No of children** | Choose an item. | *If applicable* | | **Last period** | Enter text. | | | *If applicable* | |

# Contraindications

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| **Contraindications requiring medical permission** – *where medical permission cannot be obtained, clients must give their informed consent in prior to treatment. Select if / when appropriate:* | | | | | |
| Cardiovascular conditions[[1]](#footnote-1) |  | Osteoporosis |  | Trapped / pinched nerve |  |
| Haemophilia |  | Nervous / psychotic conditions |  | Inflamed nerve |  |
| Any condition already being treated by a GP or another practitioner |  | Recent operations |  | Severe varicose veins |  |
| Medical oedema |  | Diabetes |  |  |  |

| **Contraindications that restrict treatment** –*Select if / when appropriate:* | | | | | |
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| Fever |  | Bruises |  | Neuralgia |  |
| Infectious or contagious diseases |  | Abrasions |  | Hypersensitive skin |  |
| Under the influence of recreational drugs or alcohol |  | Scar tissues (2 years for major operation and 6 months for a small scar) |  | Loss of skin sensation |  |
| Any known allergies |  | Sunburn |  | Vascular skin |  |
| Infectious skin diseases and disorders |  | Self tan |  | Hairy moles |  |
| Undiagnosed lumps and bumps |  | Heat rash |  | Varicose veins |  |
| Localised swelling |  | 48 hours after sun tanning |  | Inflammation |  |
| Hormonal implants |  | Bell’s palsy |  | Cuts |  |
| Recent fractures (minimum 3 months) | | |  | Abnormal hair growth |  |

# Treatment Information

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| **Patch test** | | | |  | |
| Negative |  | Positive |  | Brand of wax used | Click or tap here to enter text. |
| Area tested | Click or tap here to enter text. | | | Date of test | Click or tap to enter a date. |

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| **Area waxed** – *Select if / where appropriate* | | | | | | |
| Treatment to include  *Select where appropriate* | Full leg |  | Bikini line |  | Underarm |  |
| Forearm |  | Chin |  | Lip |  |
| Pubic area |  | Chest |  | Back |  |
| Other treatments (specify) | | Click or tap here to enter text. | | | |

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| **Method used** – *Select if / where appropriate* | Hot wax |  | Cool wax |  |

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| **Treatment aim and details** – *To include products used* |
| Click or tap here to enter text. |

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| **Client feedback** |
| Click or tap here to enter text. |

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| **Aftercare / home care advice** |
| Click or tap here to enter text. |

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| **Therapist’s signature** |  |

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| **Client’s signature** |  |

1. Cardiovascular conditions can include: thrombosis, phlebitis, hypertension, hypotension, heart conditions [↑](#footnote-ref-1)