Client Consultation Form

Electrical Epilation

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:* |
| Pregnancy |[ ]  Medical oedema |[ ]  Diabetes |[ ]
| Cardiovascular conditions[[1]](#footnote-1) |[ ]  Nervous / psychotic conditions |[ ]  Asthma |[ ]
| Haemophilia |[ ]  Epilepsy |[ ]  Any dysfunction of the nervous system[[2]](#footnote-2) |[ ]
| Any condition being treated by a GP or another practitioner |[ ]  Recent operations |[ ]  Neuralgia |[ ]
| Inflamed nerve |[ ]  Cancer |[ ]  Spastic conditions |[ ]
| Whiplash and any neck conditions |[ ]  Slipped disc |[ ]  Undiagnosed pain |[ ]
| When taking prescribed medication |[ ]  Endocrine disorders |[ ]   |  |

| **Contraindications that restrict treatment** –*Select if / when appropriate:* |
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| Fever |[ ]  Keloid scaring |[ ]  Varicose veins |[ ]
| Contagious or infectious diseases  |[ ]  Skin diseases |[ ]  Pregnancy (abdomen) |[ ]
| Under the influence of recreational drugs or alcohol |[ ]  Hairy moles |[ ]  Cuts |[ ]
| Diarrhoea and vomiting |[ ]  Undiagnosed lumps and bumps |[ ]  Bruises |[ ]
| Mucous membranes |[ ]  Localised swelling |[ ]  Abrasions |[ ]
| HIV / AIDS |[ ]  Inflammation |[ ]  Scar tissue (2 years for major operation and 6 months for a small scar) |[ ]
| Anticoagulant drugs |[ ]  Hyperpgimentation |[ ]  Sunburn |[ ]
| Bell’s palsy |[ ]  Botox / dermal fillers (1 week following treatment) |[ ]  Hormonal implants |[ ]
| Loss of skin sensation |[ ]  Hypersensitive skin |[ ]  Abdomen (first few days of menstruation, depending on how client feels) |[ ]
| Haematoma |[ ]  Hernia |[ ]  Recent fractures (minimum 3 months) |[ ]
| Cervical spondylitis |[ ]  Metal plates |[ ]  Mechanical implants |[ ]

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| **Written permission required by** – *Either of which should be attached to the consultation form* |
| GP / Specialist |[ ]  Informed consent |[ ]

# Skin and Hair Tests and Treatment Information

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| Has the client had any previous epilation treatments? | Yes |[ ]  No |[ ]  If yes, for how long? | Enter text. |
| Result of previous treatment (if applicable) | Click or tap here to enter text. |
| Any skin reaction? | Click or tap here to enter text. |

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| **Present hair and skin condition** – *Select if / where appropriate* |
| Normal skin / good healing |[ ]  Erratic / slow to heal |[ ]  Sensitive / prone to reaction |[ ]
| Dilated capillaries present |[ ]  Oily and blocked |[ ]  Scars present |[ ]
| Subject to blemishes / cysts |[ ]  Strong / pigmented hair |[ ]  Prone to pigmentation patches |[ ]
| Dense fine hair |[ ]  Very dry skin |[ ]   |  |

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| **Area of treatment** – *Select if / where appropriate* |
| Face |[ ]  Chest / breast |[ ]  Bikini line |[ ]
| Abdomen |[ ]  Underarms |[ ]   |  |

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| **Method of treatment** – *Select if / where appropriate* |
| Short wave diathermy |[ ]  Blend |[ ]
| Intensity used | Click or tap here to enter text. |
| Machine used | Click or tap here to enter text. |
| **Treatment aim and details** – *To include possible reason for hair growth, hair type and reaction to treatment* |
| 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** |  |

# Electrical Epilation – Follow-up Sheet

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| **Treatment details** |
| 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. |

1. Cardiovascular conditions can include: thrombosis, phlebitis, hypertension, hypotension, heart conditions [↑](#footnote-ref-1)
2. Examples of nervous system dysfunctions: multiple sclerosis, Parkinson’s disease, motor neurone disease [↑](#footnote-ref-2)