Client Consultation Form

Make-up

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:* | | | | | |
| Medical oedema |  | Nervous / psychotic conditions |  | Epilepsy |  |
| Recent facial operations affecting the area |  | Diabetes |  | Skin cancer |  |
| Slipped disc |  | Undiagnosed pain |  | When taking prescribed medication |  |
| Whiplash |  |  |  |  |  |

| **Contraindications that restrict treatment** –*Select if / when appropriate:* | | | | | |
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| Fever |  | Contagious or infectious diseases |  | Under the influence of recreational drugs or alcohol |  |
| Diarrhoea and vomiting |  | Any known allergies |  | Eczema |  |
| Undiagnosed lumps and bumps |  | Localised swelling |  | Inflammation |  |
| Cuts |  | Bruises |  | Abrasions |  |
| Scar tissue (2 years for major operation and 6 months for small scar) |  | Sunburn |  | Conjunctivitis |  |
| Hormonal implants |  | Recent fractures (minimum 3 months) |  | Sinusitis |  |
| Neuralgia |  | Migraine / headache |  | Hypersensitive skin |  |
| Botox / dermal fillers (1 week following treatment) |  | Hyper-keratosis |  | Skin allergies |  |
| Styes |  | Watery eyes |  | Trapped / pinched nerve affecting the treatment area |  |
| Inflamed nerve |  | Eye infection |  |  |  |

# Skin Test

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| **Skin test** – *Select if / when appropriate* | | | | | | | | |
| Moisture content | Excellent |  | Good |  | Fair |  | Poor |  |
| Muscle tone | Excellent |  | Good |  | Fair |  | Poor |  |
| Elasticity | Excellent |  | Good |  | Fair |  | Poor |  |
| Sensitivity | High |  | Medium |  | Low |  |  |  |
| Skin’s healing ability | Excellent |  | Good |  | Fair |  | Poor |  |
| Skin tone | Fair |  | Medium |  | Dark |  | Olive |  |
| Circulation | Good |  | Normal |  | Poor |  |  |  |
| Pores | Fine |  | Dilated |  | Comedones |  | Milia |  |
| Overall skin type | Click or tap here to enter text. | | | | | | | |

# Treatment Information

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| Treatment to include  *Select where appropriate* | Day make-up |  | Evening make-up |  | Special occasion make-up |  |
| Bridal make-up |  | Other make-up (specify) | | Enter text. | |
| Face shape | Click or tap here to enter text. | | | | |
| womans-face | | | | | |
| **Draw corrective work**   * Shader * Highlighter * Blusher | | | | | |

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| **Treatment aim and details** – *To include products and colours used, make-up chart and before and after photographs* |
| Click or tap here to enter text. |

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| **Make-up chart** | | | |
| **Pre-base** | Enter text. | **Highlighter** | Enter text. |
| **Concealer** | Enter text. | **Eye shadow** | Enter text. |
| **Corrective cream** | Enter text. | **Eye liner** | Enter text. |
| **Foundation** | Enter text. | **Mascara** | Enter text. |
| **Powder** | Enter text. | **Lip liner** | Enter text. |
| **Blusher** | Enter text. | **Lipstick** | Enter text. |
| **Shader** | Enter text. | **Lip gloss** | 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** |  |

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| **BEFORE and AFTER PHOTOGRAPHS must be attached**  *Your signature indicates these photographs and case studies are your own work. Plagiarised, copied, or colluded work will be dealt with under our Academic Integrity policies.* |