Client Consultation Form

Manicure and Pedicure

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:* | | | | | |
| Haemophilia |  | Nervous / psychotic conditions |  | Inflamed nerve |  |
| Arthritis |  | Recent operations of the hands or feet |  | Undiagnosed pain |  |
| Medical oedema |  | Diabetes |  | Acute rheumatism |  |
| Any condition already being treated by a GP, dermatologist or another practitioner | | | | |  |

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| **Contraindications that restrict treatment** –*Select if / when appropriate:* | | | | | |
| Fever |  | Cuts |  | Sunburn |  |
| Contagious or infectious diseases |  | Severe bruising |  | Repetitive strain injury |  |
| Under the influence of recreational drugs or alcohol |  | Psoriasis |  | Carpal Tunnel Syndrome |  |
| Diarrhoea and vomiting |  | Abrasions |  | Severely bitten or damaged nails |  |
| Any known allergies |  | Scar tissues (2 years for major operation and 6 months for a small scar) |  | Nail separation |  |
| Undiagnosed lumps and bumps |  | Recent fractures (minimum 3 months) |  | Eczema |  |
| Inflammation |  |  |  |  |  |

# Nail Test and Treatment Information

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| **Nail test** – *Select if / when appropriate* | | | | | | | | |
| Moisture content | Excellent |  | Good |  | Fair |  | Poor |  |
| Cuticle condition | Excellent |  | Good |  | Fair |  | Poor |  |
| Skin condition | Dehydrated |  | Dry |  | Normal |  |  |  |
| Skin’s healing ability | Excellent |  | Good |  | Fair |  | Poor |  |
| Circulation | Good |  | Normal |  | Poor |  |  |  |
| Overall nail / cuticle condition | Click or tap here to enter text. | | | | | | | |
| Treatment to include  *Select where appropriate* | Manicure |  | Pedicure |  | French polish |  | Gel nails |  |
| Other treatments (specify) | | | | Click or tap here to enter text. | | | |

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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** |  |