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** |  |