Client Consultation Form

Skin Care and Eye Treatments, and Facial Electrical Treatments

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: Skin Care and Eye Treatments 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 |  | Diabetes |  | When taking prescribed medication |  |
| Nervous / psychotic conditions |  | Skin cancer |  | Whiplash |  |
| Epilepsy |  | Slipped disc |  | Undiagnosed pain |  |
| Recent facial operations affecting the area | | |  |  |  |

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

# Contraindications: Facial Electrical Treatments 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 |  | Cardiovascular conditions[[1]](#footnote-1) |  | Haemophilia |  |
| Any condition being treated by a GP or another practitioner |  | Medical oedema |  | Osteoporosis |  |
| Nervous / psychotic conditions |  | Epilepsy |  | Recent operations |  |
| Diabetes |  | Asthma |  | Any dysfunction of the nervous system[[2]](#footnote-2) |  |
| Bell’s palsy |  | Trapped / pinched nerve |  | Inflamed nerve |  |
| Spastic conditions |  | Kidney infections |  | Acute rheumatism |  |
| Undiagnosed facial pain |  | When taking prescribed medication |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Contraindications that restrict treatment** –*Select if / when appropriate:* | | | | | |
| Fever |  | Contagious or infectious diseases |  | Under the influence of recreational drugs or alcohol |  |
| Diarrhoea and vomiting |  | Hypersensitive skin |  | Skin diseases |  |
| Undiagnosed lumps and bumps |  | Localised swelling |  | Inflammation |  |
| Cuts |  | Bruises |  | Abrasions |  |
| Scar tissue (2 years for major operation and 6 months for small scar) |  | Sunburn |  | Hormonal implants |  |
| Haematoma |  | Recent fractures (minimum 3 months) |  | Cervical spondylitis |  |
| Any metal pins or plates |  | Loss of skin sensation (test with tactile test) |  | Sinusitis |  |
| Botox / dermal fillers (1 week following treatment) | | |  |  |  |

# Client’s Concerns and Current Skin Care Routine

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| **Main concern** | Click or tap here to enter text. |
| **Current skin care routine** | Click or tap here to enter text. |

# Treatment Information

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| Treatment to include  *Select where appropriate* | Superficial cleanse |  | Skin analysis |  | Eyebrow tweezing |  |
| Deep cleanse |  | Lash tinting |  | Massage |  |
| Pre-heat treatment |  | Brow tinting |  | Mask |  |
| Other treatments (specify) | | Click or tap here to enter text. | | | |
| Facial electricals (specify) | | Click or tap here to enter text. | | | |

# Skin Test

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| **Skin test** – *Select if / when appropriate* | | | | | | | | |
| Moisture content | Excellent |  | Good |  | Fair |  | Poor |  |
| Lipid 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. | | | | | | | |
| Key: | womans-face | | | | | | | |

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| **Treatment aim and details** – *To include products and equipment 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)
2. Examples of nervous system dysfunctions: multiple sclerosis, Parkinson’s disease, motor neurone disease [↑](#footnote-ref-2)