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:* |
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| 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)