Client Consultation Form

Waxing

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:* |
| Cardiovascular conditions[[1]](#footnote-1) |[ ]  Osteoporosis |[ ]  Trapped / pinched nerve |[ ]
| Haemophilia |[ ]  Nervous / psychotic conditions |[ ]  Inflamed nerve |[ ]
| Any condition already being treated by a GP or another practitioner |[ ]  Recent operations |[ ]  Severe varicose veins |[ ]
| Medical oedema |[ ]  Diabetes |[ ]   |  |

| **Contraindications that restrict treatment** –*Select if / when appropriate:* |
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| Fever |[ ]  Bruises |[ ]  Neuralgia |[ ]
| Infectious or contagious diseases |[ ]  Abrasions |[ ]  Hypersensitive skin |[ ]
| Under the influence of recreational drugs or alcohol |[ ]  Scar tissues (2 years for major operation and 6 months for a small scar) |[ ]  Loss of skin sensation |[ ]
| Any known allergies |[ ]  Sunburn |[ ]  Vascular skin |[ ]
| Infectious skin diseases and disorders |[ ]  Self tan |[ ]  Hairy moles |[ ]
| Undiagnosed lumps and bumps |[ ]  Heat rash |[ ]  Varicose veins |[ ]
| Localised swelling |[ ]  48 hours after sun tanning |[ ]  Inflammation |[ ]
| Hormonal implants |[ ]  Bell’s palsy |[ ]  Cuts |[ ]
| Recent fractures (minimum 3 months) |[ ]  Abnormal hair growth |[ ]

# Treatment Information

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| **Patch test** |  |
| Negative |[ ]  Positive |[ ]  Brand of wax used | Click or tap here to enter text. |
| Area tested | Click or tap here to enter text. | Date of test | Click or tap to enter a date. |

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| **Area waxed** – *Select if / where appropriate* |
| Treatment to include*Select where appropriate* | Full leg |[ ]  Bikini line |[ ]  Underarm |[ ]
|  | Forearm |[ ]  Chin |[ ]  Lip |[ ]
|  | Pubic area |[ ]  Chest |[ ]  Back |[ ]
|  | Other treatments (specify) | Click or tap here to enter text. |

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| **Method used** – *Select if / where appropriate* | Hot wax |[ ]  Cool wax |[ ]

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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** |  |

1. Cardiovascular conditions can include: thrombosis, phlebitis, hypertension, hypotension, heart conditions [↑](#footnote-ref-1)