



# Nail Treatments Diploma Course

## Nail Treatments Diploma Course

### AIM OF COURSE

- To enable a candidate to perform safe beauty treatments for the hands and feet.
- To achieve a qualification at UK Level 2 national standards, approved by BABTAC and recognised internationally.
- To enable a candidate to gain employment as a manicurist.

### ENTRY LEVEL

A person displaying a high level of interpersonal skills, in particular excellent communication, listening skills, empathy, patience, tact, diplomacy and time-keeping. A well-groomed appearance and a mature disposition is an asset.

### UNIT/SUBJECTS TO BE STUDIED

All units are mandatory and examinable.

Assessment methodology used is MCQ theory examinations and practical examinations.

#### **Generic Areas of Study**

- G 2 Health & Hygiene
- G 4 Skin Diseases
- G 6 Nails
- G 7 Business Studies
- G 8 Salon Procedures

#### **Other Subjects**

Consultation/ Contra-indications

Nail Treatments

Aftercare

Product Knowledge/Cosmetic Science relevant to Nail treatments

Applied Anatomy & Physiology of the hands and feet

- Bones
- Muscles
- Blood Supply

**MINIMUM TRAINING REQUIREMENT** - 50 Hours. A minimum of 40 hours contact (50% of which must be spent working within a commercial salon environment) and 10 hours of additional. study.

This course is designed on a flexible time basis, enabling many part-time students to qualify who would not be able to attend college on a full time basis.

**EXAMINATIONS**      The dates will be issued annually by the Examining Board.

**THEORY**              20 mins (multiple choice paper)

**PRACTICAL**        1hr 30 mins

**EXAM FEE**            To be issued annually by the Examination Board.

This CIBTAC Diploma will enable the recipients to become members of BABTAC and obtain insurance cover.

### **NAIL TREATMENTS DIPLOMA LEARNING OBJECTIVES**

The learner will be able to:

- Perform safe, hygienic and effective hand and foot treatments to a commercially acceptable standard and timing.
- Adapt treatments to suit the individual client's needs by analysing information gathered at consultation, including contraindications.
- Select, use and advise clients about hand and foot products.
- Understand the basic key ingredients in nail preparations.
- Understand the importance of current legislation appertaining to beauty employment.

## LEARNING OUTCOMES SECTION BY SECTION

### CONSULTATION

#### Section Learning Outcomes

The learner will be able to:

- Perform a successful consultation with any client.
- Understand the purpose of consultations and recording procedures for clients and therapists.
- Identify key data required to create an appropriate and safe treatment plan.

#### The learner will be able to:

- \* Demonstrate safe, hygienic and effective preparation of the treatment room and nail station.
- \* Demonstrate safe, hygienic and effective preparation of the client for the treatment, to include:
  - Privacy for the client to change if necessary
  - Support for the client's body
  - Covering to keep the client warm if necessary
- \* Understand the purpose and importance of consultations with consideration of relevant local legislation.
- \* Understand and explain the methods used to gain and record information.
- \* Understand and justify the relevance of medical history.
- \* Obtain and document information from the client, to include all the standard consultation information and specifically:
  - Personal details
  - Medical history
  - Current medication
  - Contra-indications
  - Reasons for treatment and treatments required
- \* Understand the importance of client confidentiality.
- \* Ensure the client has a full understanding of the treatment procedure.
- \* Recognise contra-indications that restrict or prohibit treatment and know how to act accordingly.
- \* Understand referral procedures and how to carry them out, including:
  - Referring the client to the medical profession
  - Referring the client to a different therapist
  - Accepting a client who has been referred
- \* Prepare a suitable treatment environment considering:
 

- Equipment	- Lighting
- Products	- Ventilation
- Heating	- Sound

**NAIL TREATMENTS****Section Learning Outcomes**

The learner will be able to:

- Prepare client and area hygienically, examine hands and/or feet, plan the treatment, note contra-indications and give advice.
- Perform nail treatments safely, effectively, hygienically and to a commercial standard and time on a variety of clients.
- Understand the key ingredients in nail/skin products for hands/feet and the precautions when handling and storing them.
- Optimise opportunities to give information and advice to clients regarding products and services.

**The learner will be able to:**

- \* Demonstrate a high standard of safety and hygiene throughout.
- \* Explain and recognise the contra-indications to manicure and pedicure.
- \* Demonstrate and explain the correct use of the following equipment for nail treatments on the hands and feet:
  - Emery board
  - Nail clippers
  - Orange wood stick
  - Rubber hoof stick
  - Cuticle knife
  - Cuticle nippers / Cuticle scissors
  - Chamois Buffer
  - Rasp or other hard skin remover
- \* Understand the problems and know how to prevent damage when using all the above equipment.
- \* Demonstrate the correct use of the following products:
 

- Nail enamel remover	- Cuticle oil
- Cuticle cream	- Cuticle remover
- Massage cream / oil	- Buffing paste
- Nail strengthener	- Exfoliant for skin of the hands and feet
- Hard skin remover for the feet	- Nail white pencil
- Base coat	- Nail enamel
- Top coat	- Ridge filler
- Quick dry (spray and paint on)	
- \* Explain how the above products work and name their main chemical constituents. (See Cosmetic Science section).
- \* Demonstrate a complete manicure and pedicure using a range of products from the list to a commercially acceptable time.
- \* Demonstrate massage of the hand, arm, foot and leg using all the classical massage movements. The massage sequence must flow, show variety and be of an appropriate pressure. (For information on massage see Massage section).

- \* Understand and explain all the relevant massage theory and apply it to the area being treated, to include contra-indications, benefits and effects. (For information on massage see Massage section).
- \* Demonstrate and explain in detail the following treatments:
  - French manicure
  - Warm oil treatments
  - Paraffin wax treatments
- \* Complete the above treatments within a commercially acceptable time.
- \* Devise a future treatment plan to incorporate salon and home use of products.
- \* Demonstrate aftercare and explain the homecare clients should follow for each of the above treatments.
- \* Record accurately all information appertaining to the treatment and its outcomes.
- \* Explain and recognise the contra-actions and adapt the treatment where necessary.

**COSMETIC SCIENCE****Section Learning Outcomes**

The learner will be able to:

- Identify and understand the key ingredients in products for the hands and feet and the effects and uses they have in treatments.

**The learner will be able to:**

- \* Understand the pH scale and how the pH of the skin interacts with the pH of products applied to it.
- \* List and know the actions of some of the key ingredients of the following products:
  - Nail enamel remover
  - Cuticle oil
  - Cuticle cream
  - Cuticle remover
  - Massage cream / oil
  - Buffing paste
  - Nail strengthener
  - Exfoliant for skin of the hands and feet
  - Hard skin remover for the feet
  - Nail white pencil
  - Base coat
  - Nail enamel
  - Top coat
  - Ridge filler
  - Quick dry (spray and paint on)
- \* Define the following terms:
  - Abrasive
  - Acetone
  - Allergy
  - Aqueous
  - Astringent
  - Bacteria
  - Bactericide
  - Bacteriostat
  - Dehydrate
  - Detergent
  - Emollient
  - Emulsifying agent
  - Emulsion
  - Humectant
  - Hydrated
  - Hydrophilic
  - Hydrophobic
  - Hygroscopic
  - Irritant
  - Keratin
  - Keratinization
  - Lubricant
  - Melanin
  - Opacity
  - Opaque
  - Plasticiser
  - Solvent
  - Thixotropic
  - Toxic
  - Translucent
  - Transparent
  - Viscosity

## ANATOMY OF THE UPPER AND LOWER LIMB

### SKELETAL SYSTEM

#### Section Learning Outcomes

The learner will be able to:

- Identify and locate the bones of the lower arm and hand, foot and lower leg.
- Identify and locate the types of joints in the lower arm and hand, lower leg and foot.

#### The learner will be able to:

- \* Explain the overall role of the skeletal system in relation to the other systems of the body.
- \* Define osteology.
- \* Draw and label the bones of the hand and lower arm:
  - Ulna
  - Radius
  - Carpals
  - Metacarpals
  - Phalanges
- \* Draw and label the bones of the lower leg and foot:
  - Tibia
  - Fibula
  - Patella
  - Tarsals
  - Metatarsals
  - Phalanges
- \* Describe the structure and function of the following types of joints and give examples of the location of each:
  - Fibrous – immovable
  - Cartilaginous – slightly movable
  - Synovial – freely movable
- \* Describe the following joint diseases and disorders:
  - Arthritis (Osteo and Rheumatoid)
  - Osteoporosis

**MUSCULAR SYSTEM****Section Learning Outcomes****The learner will be able to:**

- Identify the name, position and action of the superficial muscles of the lower leg and foot and lower arm and hand.

**The learner will be able to:**

- \* Explain the overall role of the muscular system in relation to the other systems of the body.
- \* Define the following terms:
 

- Striated Muscle	- Pronation
- Muscle tone	- Rotation
- Muscle fatigue	- Abduction
- Lactic acid	- Adduction
- Antagonist	- Belly
- Synergist	- Origin
- Fixator	- Insertion
- Protagonist	- Fascia
- Extension	- Aponeurosis
- Flexion	- Tendon
- Supination	- Ligament
- \* Describe briefly the following muscle diseases and disorders:
  - Sprain
  - Strain
- \* State the position and action of the following muscles:
 

- Flexor group of the lower arm and hand	- Gastrocnemius
- Extensor group of the lower arm and hand	- Soleus
- Thenar muscles	- Flexors of the lower leg and foot
- Hypothenar muscles	- Extensors of the lower leg and foot
	- Abductors of the foot
- \* Label a diagram of the muscles of the hand and lower arm listed above.
- \* Label a diagram of the muscles of the lower leg and foot listed above.

**BLOOD SUPPLY****Section Learning Outcomes**

The learner will be able to:

- Identify the position of the arteries and veins of the lower arm and hand, and lower leg and foot.

**The learner will be able to:**

- \* Describe the structure and explain the function of the blood supply in the lower arm and hand, and lower leg and foot including:
  - Capillaries
  - Arteries, Arterioles
  - Veins, Venules
- \* Explain the functions of the blood including:
  - Transport
  - Clotting
  - Defence
  - Temperature control
- \* Describe the following diseases and disorders:
  - Deep Vein Thrombosis
  - Phlebitis
  - Varicosed ulcers
- \* Identify the name and position of the arteries and veins of the lower arm and hand, and lower leg and foot.
- \* Label a diagram of the arteries and veins in the lower arm and hand, and lower leg and foot

## Nail Treatments Diploma Course

### Recommended Reading

CIBTAC have selected contemporary books to assist learners to study and tutors to prepare course materials. Staff may choose some books for library use and others for students to purchase. This list of titles is however a minimum requirement. The more texts available in school/college libraries the more depth and breadth of learning students will experience.

As several are very new, CIBTAC would appreciate feedback from both students and staff in refining the list for the future.

If you have other suggestions for the booklist please e-mail them to: [jan@babtac.com](mailto:jan@babtac.com)

Some subjects are found in overlapping categories.

Key-

Author, Title (edition), Year published, Publisher, unique ISBN number.

### Anatomy & Physiology



Tucker L., An Introductory Guide to Anatomy & Physiology, 2002, Holistic Therapy Books, ISBN 1903348048

### Assorted



Almond E. Safety in the Salon, ISBN 0559502023

Bennet R., Science of Beauty Therapy (3<sup>rd</sup> edition) 2004, ISBN 0340814667

First Aid Manual (8th edition) ISBN 0751337048

Hatton P. Hygiene a Salon Handbook, 1998, Pearson Professional Education Longman, ISBN 058232260X

Winter R., Consumer's Dictionary of Cosmetic Ingredients (5<sup>th</sup> edition) ISBN 0609803670

### Hands & Feet



Almond E. Manicure, Pedicure & Advanced Nail Techniques ISBN 186152689X

Jefford J. & Swain A. Encyclopaedia of Nails ISBN 1861528361

Newman M. Complete Nail Technician (2<sup>nd</sup> edition) ISBN 184480139X

Schoon D.D. Nail Structure & Product Chemistry, 2005, ISBN 140186709X



## EXAMINATION INFORMATION

### NAIL TREATMENTS THEORY EXAMINATION

Invigilated by the CIBTAC Examiner

#### Guide Breakdown of MCQ Questions

Time allowed	20 mins
Number of Questions	16
Number of Marks	24
Percentage Allocation	
Generic Areas of Study	24%
Anatomy & Physiology of the Lower Arm and Hand, and Lower Leg and Foot	18%
Consultation/Contra-indications and Aftercare	13%
Nail Treatments	35%
Product Knowledge/Cosmetic Science relevant to Nail Treatments	10%
<b>TOTAL MARKS</b>	<b>100%</b>



## Guide for Colleges & Examiners

### NAIL TREATMENTS PRACTICAL EXAMINATION

*Time allowed 1hr 30 mins maximum*

*The School/College must ensure suitable clients are available to receive the treatments required for this examination. See Examination Regulations of the Education Handbook.*

The client should be wearing enamel on the toenails and fingernails. A full manicure and pedicure must be demonstrated within the time limit.

**1. Consultation**

The examiner will observe the consultation procedure to include checks for contra-indications, medical history and lifestyle of the client. Client needs must be identified and all precautions to treatments must be observed. A visual analysis of the area and future treatment plan should be created.

**2. Manicure and Pedicure**

The client should be wearing enamel on the toenails and fingernails. A full manicure and pedicure (this will be allocated by the examiner) must be demonstrated to include removal of enamel, filing, cuticle work, hand/foot massage and dark coloured enamel application. The examiner will look for consultation regarding client's needs, even shaping of nails, careful and effective cuticle work, massage and enamel application of base coat, colour and top coat. An enamel should be selected after consultation with the client. Speedy preparation of both the work area and the client are essential. Client care will be observed at all times. Hygiene, economy and timing are essential.

**3. Personal appearance and deportment**

The candidate should present a totally professional image to the client, considering their posture and maintaining good posture throughout. The candidate's attitude, commercial timing and support for the client should add to their professionalism.

**4. Aftercare and Advice**

Appropriate recommendations should be given on purchasing products, instructions on how to use them and advice concerning care of hands and feet.

**5. Oral Questions**

The examiner will ask **2** oral questions on manicure and **2** oral questions on pedicure, relative to the practical treatment. 1 mark is allocated for each.





## Instructions for Practical Nail Treatments Examiners

**Duration: 1hr 30 mins**

***\* To pass these areas the minimum mark must be achieved***

### **Consultation**

Contra-indications

Medical History

Lifestyle

Client needs

Observations/precautions

**5 marks**

1mark

1mark

1mark

1mark

1mark

### **Manicure AND Pedicure**

Preparation & care of client

Preparation & hygiene of the work area

Shaping of nails

Cuticle work

Massage

Nail enamel (finished result)

Timing

***\* min 5 marks per treatment*** **9 marks x 2**

1 mark

1 mark

1 mark

2 marks

1 mark

2 marks

1 mark

**TOTAL 18 marks**

### **Appearance & Deportment**

Appearance

Posture

Professionalism

Timing

**5 marks**

1 mark

1 mark

1 mark

2 marks

### **Aftercare and Advice**

Appropriate recommendations given for salon and home treatment

**3 marks**

3 marks

### **Oral Questions (2 questions for each)**

Manicure

Pedicure

**4 marks**

2 marks

2 marks

Possible Total Marks

**35**

Pass Mark

**21/35**



**PRACTICAL EXAMINATION MARKING SHEET**

**NAIL TREATMENTS**

Duration: 1hr 15mins

Start Time:

Finish Time:

School/College:

Country:

Examiner:

Date of Exam:

		Consultation	Manicure Treatment	Pedicure Treatment	Appearance & Deportment	Aftercare and Advice	Manicure Oral	Pedicure Oral	TOTAL	TOTAL %	
Pass = 60 = 74%											
Credit = 75 -84%											
Honours = 85 -100%											
Maximum Marks		5	9	9	5	3	2	2	35	100	
<i>* Minimum Pass Marks must be achieved</i>			5	5					21		
No.	CANDIDATE NAME (BLOCK LETTERS)										Remarks
1											
2											
3											
4											
5											
6											
7											
8											
9											
<b>Group TOTAL</b>											
<b>Average for Group</b>											
<b>Average % for Group</b>											



**Examiners Feedback Sheet**

**Subject:**  
**NAIL TREATMENTS PRACTICAL**

**School/College:**

**Country:**

**Date of Examination:**

85 - 100% = Excellent  
 75 - 84% = Good  
 60 - 74% = Satisfactory  
 0 - 59% = Below Standard  
 In each case indicate the average % mark in the box provided

<b>Consultation</b>		Average %:
<b>Manicure</b>		Average %:
<b>Pedicure</b>		Average %:
<b>Personal appearance &amp; deportment</b>		Average %:
<b>Aftercare and Advice</b>		Average %:
<b>All Orals</b>	Manicure	Average %:
	Pedicure	Average %:
<b>General Comments</b>		

Examiners Name:



**Examiners Feedback Sheet**

**Subject:**  
**NAIL TREATMENTS THEORY**

**School/College:**

**Country:**

**Date of Examination:**

85 - 100% = Excellent  
 75 -84% = Good  
 60 -74% = Satisfactory  
 0 - 59% = Below Standard  
 In each case indicate the average % mark in the box provided

<p><b>Generic Areas of Study</b></p>	<p style="text-align: right;">Average %:</p>
<p><b>Anatomy &amp; Physiology</b></p>	<p style="text-align: right;">Average %:</p>
<p><b>Consultation/ Contra-indications and Aftercare</b></p>	<p style="text-align: right;">Average %:</p>
<p><b>Nail Treatments</b></p>	<p style="text-align: right;">Average %:</p>
<p><b>Relevant Product Knowledge</b></p>	<p style="text-align: right;">Average %:</p>
<p><b>General Comments</b></p>	

Examiners Name:



**Nail Treatments Examination Summary  
Recommendations & Action Points**

School/College Name:

Country:

Date of Examinations: From:

to:

**Actions to be taken by School/College:**

- 
- 
- 

**Recommendations from CIBTAC to the School/College:**

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- 
- 

**Action to be taken by CIBTAC:**

- 
- 
- 

**Name of Examiner:**

**Signature:**



**MANICURE CONSULTATION CARD**

# MANICURE CONSULTATION

**Client's Name:** \_\_\_\_\_

**Therapist's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Client Overview:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Client's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Client's Name:</b> _____		
<b>Address:</b> _____		
_____		
<b>Postcode:</b> _____	<b>E-mail:</b> _____	
<b>Tel:(home)</b> _____	<b>(mobile)</b> _____	<b>(work)</b> _____
<b>Date of Birth:</b> _____	<b>Occupation</b> _____	

<b>Doctor's Name:</b> _____
<b>Doctor's Address:</b> _____
_____

- Allergies: \_\_\_\_\_
- Contact Lenses: \_\_\_\_\_
- Body Piercing: \_\_\_\_\_
- Reactions to sensitivity tests: \_\_\_\_\_
- Is Jewellery removed? \_\_\_\_\_
- Are you pregnant or trying to become pregnant? \_\_\_\_\_

Medical History

Doctors permission required Yes No

Have you received any of the following treatments?

- Ultra violet exposure
- Laser/IPL (hair removal or resurfacing)
- Retinol and Roacutane (i.e. acne medication)
- Products containing Glycolic acids or fruit enzymes
- Microdermabrasion

Do you take medication and if so for what? \_\_\_\_\_

Do you suffer from any of the following? *Please circle* *Additional information*

- |  |           |            |       |
|--|-----------|------------|-------|
| <input type="checkbox"/> Fever/raised body temperature | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Limitation of Body Movement   | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Swelling/Oedema               | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Haemophilia                   | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Prone to Keloid Scarring      | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Cancer                        | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Hormone Imbalance             | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Stroke                        | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Deep Vein Thrombosis/Embolism | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Claustrophobia                | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Diabetes                      | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Epilepsy                      | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> HIV or AIDS                   | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Hepatitis B                   | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Metal Pins and Plates         | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Pacemaker                     | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Skin Diseases/Disorders       | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Scar Tissue                   | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Heart Condition               | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Blood Pressure                | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Skeletal Problems             | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Respiratory Disorder          | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Cuts, Bruises Abrasions       | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Any Recent Surgery            | <u>NO</u> | <u>YES</u> | _____ |
| <input type="checkbox"/> Any other (please specify)    | _____     | _____      | _____ |

Clients signature: \_\_\_\_\_

Therapists signature \_\_\_\_\_

Date: \_\_\_\_\_

# Manicure Consultation

## Lifestyle Check

Do you smoke? \_\_\_\_\_ If yes, how many a day? \_\_\_\_\_

What is your fluid intake per day? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ If yes how many units a day? \_\_\_\_\_

Do you sleep well/restless/poorly? \_\_\_\_\_

Do you have active or sedentary lifestyle? \_\_\_\_\_

How often do you exercise? \_\_\_\_\_

What types of exercise do you undertake? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

Do you work shifts/nights/irregular hours? \_\_\_\_\_

Are you a carer? \_\_\_\_\_

Do you have dependants? \_\_\_\_\_

Age and number of dependents \_\_\_\_\_

Do you become tired easily? \_\_\_\_\_

Do you suffer with tension or fatigue? \_\_\_\_\_

Do you suffer with depression? \_\_\_\_\_

Are you nervous or anxious? \_\_\_\_\_

Are you receiving any other therapies or treatments at the moment? \_\_\_\_\_

Are you allergic to any food groups? \_\_\_\_\_

Do you have a specialised diet? \_\_\_\_\_

How would you describe your diet healthy/balanced/poor? \_\_\_\_\_

Do you eat regularly/erratically? \_\_\_\_\_

Do you use an inhaler? \_\_\_\_\_

Do you suffer with migraine? \_\_\_\_\_

Any specific mobility needs? \_\_\_\_\_

Any other comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Client's signature:**

---

**Therapist's signature:**

---

**Date:**

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# Manicure

Assessment of: -

Hands

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Specific contra-indications or cautions

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---

Skin condition

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Cuticles

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Nail condition

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- █ Nail length
  - █ Nail strength
  - █ Nail colour
  - █ Main problems to treat
- 
- 

Client's requirements

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Treatment aims

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Treatments procedure

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Products used

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***AFTERCARE***

***FUTURE TREATMENT***

***PRODUCT RECOMMENDATION***



**PEDICURE CONSULTATION CARD**

# PEDICURE CONSULTATION

**Client's Name:** \_\_\_\_\_

**Therapist's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Client Overview:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Client's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Client's Name:</b> _____		
<b>Address:</b> _____		
_____		
_____		
<b>Postcode:</b> _____	<b>E-mail:</b> _____	
<b>Tel:(home)</b> _____	<b>(mobile)</b> _____	<b>(work)</b> _____
<b>Date of Birth:</b> _____	<b>Occupation</b> _____	

<b>Doctor's Name:</b> _____
<b>Doctor's Address:</b> _____
_____

- Allergies: \_\_\_\_\_
- Contact Lenses: \_\_\_\_\_
- Body Piercing: \_\_\_\_\_
- Reactions to sensitivity tests: \_\_\_\_\_
- Is Jewellery removed? \_\_\_\_\_
- Are you pregnant or trying to become pregnant? \_\_\_\_\_

Medical History

Doctors permission required Yes No

Have you received any of the following treatments?

- Ultra violet exposure
- Laser/IPL (hair removal or resurfacing)
- Retinol and Roacutane (i.e. acne medication)
- Products containing Glycolic acids or fruit enzymes
- Microdermabrasion

Do you take medication and if so for what? \_\_\_\_\_

Do you suffer from any of the following? *Please circle* *Additional information*

<input type="checkbox"/> Fever/raised body temperature	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Limitation of Body Movement	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Swelling/Oedema	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Haemophilia	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Prone to Keloid Scarring	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Cancer	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Hormone Imbalance	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Stroke	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Deep Vein Thrombosis/Embolism	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Claustrophobia	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Diabetes	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Epilepsy	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> HIV or AIDS	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Hepatitis B	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Metal Pins and Plates	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Pacemaker	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Skin Diseases/Disorders	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Scar Tissue	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Heart Condition	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Blood Pressure	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Skeletal Problems	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Respiratory Disorder	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Cuts, Bruises Abrasions	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Any Recent Surgery	<u>NO</u>	<u>YES</u>	_____
<input type="checkbox"/> Any other (please specify)	_____	_____	_____

Clients signature: \_\_\_\_\_

Therapists signature \_\_\_\_\_

Date: \_\_\_\_\_

# Pedicure Consultation

## Lifestyle Check

Do you smoke? \_\_\_\_\_ If yes, how many a day? \_\_\_\_\_

What is your fluid intake per day? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ If yes how many units a day? \_\_\_\_\_

Do you sleep well/restless/poorly? \_\_\_\_\_

Do you have active or sedentary lifestyle? \_\_\_\_\_

How often do you exercise? \_\_\_\_\_

What types of exercise do you undertake? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

Do you work shifts/nights/irregular hours? \_\_\_\_\_

Are you a carer? \_\_\_\_\_

Do you have dependants? \_\_\_\_\_

Age and number of dependents \_\_\_\_\_

Do you become tired easily? \_\_\_\_\_

Do you suffer with tension or fatigue? \_\_\_\_\_

Do you suffer with depression? \_\_\_\_\_

Are you nervous or anxious? \_\_\_\_\_

Are you receiving any other therapies or treatments at the moment? \_\_\_\_\_

Are you allergic to any food groups? \_\_\_\_\_

Do you have a specialised diet? \_\_\_\_\_

How would you describe your diet healthy/balanced/poor? \_\_\_\_\_

Do you eat regularly/erratically? \_\_\_\_\_

Do you use an inhaler? \_\_\_\_\_

Do you suffer with migraine? \_\_\_\_\_

Any specific mobility needs? \_\_\_\_\_

Any other comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Client's signature:**

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**Therapist's signature:**

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**Date:**

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# Pedicure

Assessment of: -

Feet

Specific contra-indications or cautions

Skin condition

Cuticles

Nail condition

- █ Nail length
- █ Nail strength
- █ Nail colour
- █ Main problems to treat

Client's requirements

Treatment aims

Treatments procedure

Products used

***AFTERCARE***

***FUTURE TREATMENT***

***PRODUCT RECOMMENDATION***