School Code	Candidate No.	Date

NAIL SERVICES CLIENT CARD

Therapist's name			
Client's name			
Telephone (Home/Work/Mobile)			
Occupation			

Lifestyle ☐ Active: ☐ Inactive:

Hobbies: _____

Children: _____

Hand & foot homecare: _____

General Health			
Allergies – skin / food		Stress & Tension	
Hemophilia		Smoke	
Asthma		Blood pressure	
Cardiac / Heart disease		Diabetes	
Pregnant		Hormonal imbalances	
Skin disease		Nail problems	
Poor circulation		Oedema	

Medication (only relating to the above)

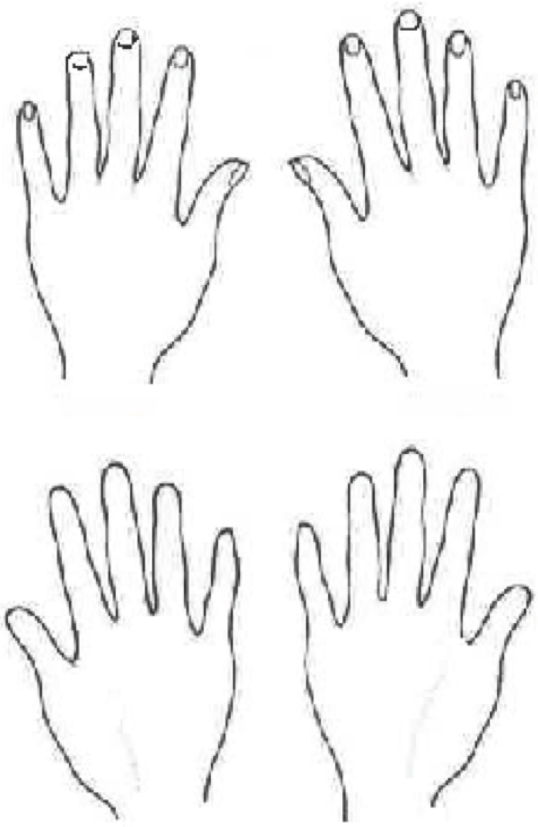
_____

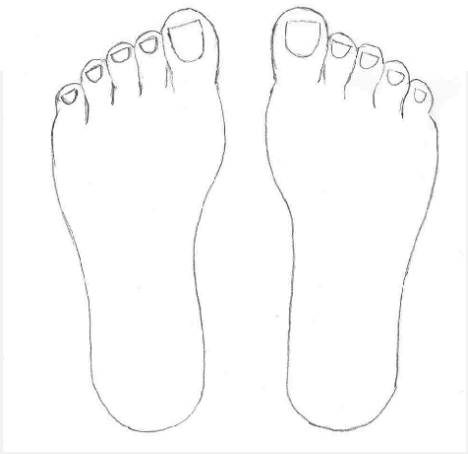
_____

_____

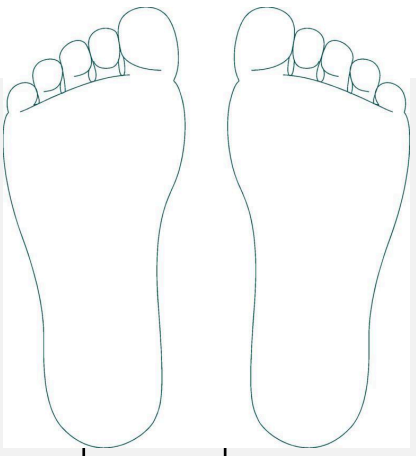
_____

Analysis





Disorders / imperfections (marked on diagrams)



	Hands	Feet	Refuse/refer or amend
Excess cuticle			
Dry and overgrown PNF			
Onychophagy			
Beaus Lines			
Habit tic			
Onychomycosis/Tinea Unguim			

White superficial onychomycosis			
Pseudomonas			
Hand foot and mouth disease			
Reynaud's disease			
Paronychia			
Pterygium			
Disorders / imperfections (marked on diagrams)	Hands	Feet	Refuse/refer or amend
Inverse pterygium			
Hangnail			
Leukonychia			
Onychatrophia			
Onychomadesis			
Onychauxis			
Onychorrhexis			
Onychoptosis			
Onycholysis			
Corrugations/Furrows			
Onychatropia			
Koilonychia			
Lamella dystrophy			
Psoriasis			
Nail psoriasis			
Hyperkeratosis			
Eczema			
Contact allergic dermatitis			
Irritant contact dermatitis			
Discolouration of nail bed (unknown cause)			
Athlete's Foot/Tinea Pedis			
Verucca			
Areas of hard skin			
Corns / Callus			

Bunion			
Hammer toes			
Skin condition			
Other (please state)			

Case studies colour coding

Manicure and Pedicure	Mani/Pedi		
Natural Nails	Mani/Pedi+	UV Gel, Basic Nail Art	
Professional Nails	Mani/Pedi+	UV Gel, Basic Nail Art+	UV Gel appl & maint., L&P, Advanced Nail Art

MANICURE

Suggested overall treatment plan:

_____

_____

_____

_____

Client Agreement to Treatment Plan:

Signature: _____ Date: _____

Nail Practitioner Signature: _____ Date: _____

Treatment 1: Date: _____

Treatment plan for the day (please include explanation, products and/or equipment) :

_____

_____

_____

Nail practitioner's observations:

_____

_____

_____

Client's comments

_____

_____

_____

Homecare and retail

_____

_____

_____

Treatment 2: Date: _____

Treatment plan for the day (please include explanation, products and/or equipment) :

_____

_____

_____

Nail practitioner's observations:

_____

_____

_____

Client's comments

_____

_____

_____

Homecare and retail

_____

_____

_____

Treatment 3: Date: _____

Treatment plan for the day (please include explanation, products and/or equipment) :

_____

_____

_____

Nail practitioner' observations:

_____

_____

_____

Client's comments

_____

_____

_____

Homecare and retail

_____

_____

_____

Nail practitioner's reflection on the completed case studies:

_____

_____

_____

Client's signature: _____ Date: _____

Nail Practitioner's signature: _____ Date: _____

PEDICURE

Suggested overall treatment plan:

_____
_____
_____
_____

Client Agreement to Treatment Plan:

Signature: _____ Date: _____

Nail Practitioner Signature: _____ Date: _____

Treatment 1: Date: _____
Treatment plan for the day (please include explanation, products and/or equipment) :

_____
_____
_____

Nail practitioner's observations:

_____
_____
_____

Client's comments

_____
_____
_____

Homecare and retail

_____
_____
_____

Treatment 2: Date: _____
Treatment plan for the day (please include explanation, products and/or equipment) :

_____
_____
_____

Nail practitioner's observations:

_____

Client's comments

Homecare and retail

Treatment 3: Date: _____

Treatment plan for the day (please include explanation, products and/or equipment) :

Nail practitioner' observations:

Client's comments

Homecare and retail

Nail practitioner's reflection on the completed case studies:

Client's signature: _____ Date: _____

Nail Practitioner's signature: _____ Date: _____

UV GEL POLISH

Suggested overall treatment plan:

_____
_____
_____
_____

Client Agreement to Treatment Plan:

Signature: _____ Date: _____

Nail Practitioner Signature: _____ Date: _____

Treatment 1: Date: _____
Treatment plan for the day (please include explanation, products and/or equipment) :

_____
_____
_____

Nail practitioner's observations:

_____
_____
_____

Client's comments

_____
_____
_____

Homecare and retail

_____
_____
_____

Treatment 2: Date: _____
Treatment plan for the day (please include explanation, products and/or equipment) :

_____
_____
_____

Nail practitioner's observations:

_____
_____

Client's comments

Homecare and retail

Treatment 3: Date: _____

Treatment plan for the day (please include explanation, products and/or equipment) :

Nail practitioner' observations:

Client's comments

Homecare and retail

Nail practitioner's reflection on the completed case studies:

Client's signature: _____ Date: _____

Nail Practitioner's signature: _____ Date: _____

BASIC NAIL ART

Suggested overall treatment plan:

_____
_____
_____
_____

Client Agreement to Treatment Plan:

Signature: _____ Date: _____

Nail Practitioner Signature: _____ Date: _____

Treatment: Date: _____
Treatment plan for the day (please include explanation, products and/or equipment) :

_____
_____
_____

Nail practitioner's observations:

_____
_____
_____

Client's comments

_____
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_____

Homecare and retail

_____
_____
_____

Nail practitioner's reflection on the completed treatment:

_____
_____
_____

Client's signature: _____ Date: _____

Nail Practitioner's signature: _____ Date: _____

UV GEL APPLICATION AND MAINTENANCE

Suggested overall treatment plan:

_____
_____
_____
_____

Client Agreement to Treatment Plan:

Signature: _____ Date: _____

Nail Practitioner Signature: _____ Date: _____

Treatment 1: Date: _____
Treatment plan for the day (please include explanation, products and/or equipment) :

_____
_____
_____

Nail practitioner's observations:

_____
_____
_____

Client's comments

_____
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_____

Homecare and retail

_____
_____
_____

Treatment 2: Date: _____
Treatment plan for the day (please include explanation, products and/or equipment) :

_____
_____
_____

Nail practitioner's observations:

_____
_____

Client's comments

Homecare and retail

Treatment 3: Date: _____

Treatment plan for the day (please include explanation, products and/or equipment) :

Nail practitioner' observations:

Client's comments

Homecare and retail

Nail practitioner's reflection on the completed case studies:

Client's signature: _____ Date: _____

Nail Practitioner's signature: _____ Date: _____

L&P ENHANCEMENT APPLICATION AND MAINTENANCE

Suggested overall treatment plan:

_____
_____
_____
_____

Client Agreement to Treatment Plan:

Signature: _____ Date: _____

Nail Practitioner Signature: _____ Date: _____

Treatment 1: Date: _____
Treatment plan for the day (please include explanation, products and/or equipment) :

_____
_____
_____

Nail practitioner's observations:

_____
_____
_____

Client's comments

_____
_____
_____

Homecare and retail

_____
_____
_____

Treatment 2: Date: _____
Treatment plan for the day (please include explanation, products and/or equipment) :

_____
_____
_____

Nail practitioner's observations:

_____
_____
_____

Client's comments

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Homecare and retail

_____

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_____

Treatment 3: Date: _____

Treatment plan for the day (please include explanation, products and/or equipment) :

_____

_____

_____

Nail practitioner' observations:

_____

_____

_____

Client's comments

_____

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_____

Homecare and retail

_____

_____

_____

Nail practitioner's reflection on the completed case studies:

_____

_____

_____

Client's signature: _____ Date: _____

Nail Practitioner's signature: _____ Date: _____

ADVANCED NAIL ART

Suggested overall treatment plan:

_____
_____
_____
_____

Client Agreement to Treatment Plan:

Signature: _____ Date: _____

Nail Practitioner Signature: _____ Date: _____

Treatment: Date: _____
Treatment plan for the day (please include explanation, products and/or equipment) :

_____
_____
_____

Nail practitioner's observations:

_____
_____
_____

Client's comments

_____
_____
_____

Homecare and retail

_____
_____
_____

Nail practitioner's reflection on the completed treatment:

_____
_____
_____

Client's signature: _____ Date: _____

Nail Practitioner's signature: _____ Date: _____

E-FILE

Suggested overall treatment plan:

_____
_____
_____
_____

Client Agreement to Treatment Plan:

Signature: _____ Date: _____

Nail Practitioner Signature: _____ Date: _____

Treatment: Date: _____

Treatment plan for the day (please include explanation, products and/or equipment) :

_____
_____
_____

Nail practitioner's observations:

_____
_____
_____

Client's comments

_____
_____
_____

Homecare and retail

_____
_____
_____

Nail practitioner's reflection on the completed treatment:

_____
_____
_____

Client's signature: _____ Date: _____

Nail Practitioner's signature: _____ Date: _____