



sallydurant
aesthetic education & training

CLIENT REF

DATE OF
TREATMENT

The CIBTAC / SALLY DURANT
Level 4 Qualifications in Advanced Skin
Studies and Aesthetic Practice

CLIENT ASSESSMENT AND
TREATMENT REPORT

BLEMISH REMOVAL

Student Name

Candidate Number

SKIN HEALTH ASSESSMENT

CLIENT REF DATE OF BIRTH DATE OF ASSESSMENT

PRACTITIONER NAME.....

CONSULTATION - INFORMATION UPDATE

Update and Sign Consultation Form as Appropriate

Has your health or medication changed since your last visit to us? Give details	✓ X
Any lifestyle, environment or dietary changes since your last visit? Give details	✓ X
Any changes to your stress level / sleep pattern since your last visit?	✓ X
Have you changed your skin care regime since you last visit? Give details	✓ X
Have noticed any recent changes to your skin / skin lesions? Give details	✓ X
Have you been in strong sunlight within the last 4 weeks?	✓ X
Are you going into strong sunlight in the following 4 weeks?	✓ X
<p>Have you had any of the following treatments within the last 6 weeks?</p> <ul style="list-style-type: none"> <input type="radio"/> Waxing in the area to be treated <input type="radio"/> Electrolysis <input type="radio"/> A chemical peel <input type="radio"/> Laser / IPL hair removal <input type="radio"/> Laser/ IPL skin regeneration or other laser treatment? <input type="radio"/> Permanent makeup / Tattooing <input type="radio"/> Dermal Roller <input type="radio"/> Microdermabrasion <input type="radio"/> Botulinum Toxin Injections <input type="radio"/> Dermal Filler Injections <input type="radio"/> Hair colouring <input type="radio"/> Other – Please state 	

SKIN ASSESSMENT	
FITZPATRICK SKIN TYPE -	IMPLICATION TO TREATMENT -
ASSESSMENT OF SKIN HEALING CAPACITY & LOCALISED SKIN CONDITON	

LESIONAL ANALYSIS FOR SWD - 1			
TYPE OF LESIONS			
SIZE OF LESIONS			
TREATMENT MODALITY			
OTHER OBSERVATIONS			
SHORT WAVE DIATHERMY TREATMENT			
NEEDLE CHOICE - TYPE		NEEDLE CHOICE - SIZE	
CURRENT INTENSITY & ADJUSTMENTS		TREATMENT TIMING	
SKIN REACTION / ADVERSE EVENTS			
TREATMENT OUTCOME			
LESIONAL ANALYSIS FOR SWD - 2			
TYPE OF LESIONS			
SIZE OF LESIONS			
TREATMENT MODALITY			
OTHER OBSERVATIONS			
SHORT WAVE DIATHERMY TREATMENT			
NEEDLE CHOICE - TYPE		NEEDLE CHOICE - SIZE	
CURRENT INTENSITY & ADJUSTMENTS		TREATMENT TIMING	
SKIN REACTION / ADVERSE EVENTS			
TREATMENT OUTCOME			

LESIONAL ANALYSIS FOR SWD - 3			
TYPE OF LESIONS			
SIZE OF LESIONS			
TREATMENT MODALITY			
OTHER OBSERVATIONS			
SHORT WAVE DIATHERMY TREATMENT			
NEEDLE CHOICE - TYPE		NEEDLE CHOICE - SIZE	
CURRENT INTENSITY & ADJUSTMENTS		TREATMENT TIMING	
SKIN REACTION / ADVERSE EVENTS			
TREATMENT OUTCOME			

LESIONAL ANALYSIS FOR CRYOTHERAPY - 1			
TYPE OF LESIONS			
SIZE OF LESIONS			
TREATMENT MODALITY			
OTHER OBSERVATIONS			
CRYOTHERAPY			
NOZZLE CHOICE		TECHNIQUE	
TIMING		REPETITION	
SKIN REACTION / ADVERSE EVENTS			
TREATMENT OUTCOME			

LESIONAL ANALYSIS FOR CRYOTHERAPY - 2			
TYPE OF LESIONS			
SIZE OF LESIONS			
TREATMENT MODALITY			
OTHER OBSERVATIONS			
CRYOTHERAPY TREATMENT DETAILS			
NOZZLE CHOICE		TECHNIQUE	
TIMING		REPETITION	
SKIN REACTION / ADVERSE EVENTS			
TREATMENT OUTCOME			

ONGOING TREATMENT PLAN	
TREATMENT REVIEW DATE	
FOLLOW UP TREATMENT PLAN	

CLIENT FEEDBACK
<p>Are you happy with the treatment you have received today?</p>
<p>Please provide any feedback that you may have</p>
<p>Client Signature</p>

ADDITIONAL NOTES

TREATMENT REFLECTION AND EVALUATION

A vital element of working compliantly within a healthcare environment is reflective practice. This requirement applies to the aesthetic sector. It ensures that every practitioner examines their own practice, looks for indications of successful or non-successful outcomes and considers areas for improvement.

In the space below reflect on the treatment you have carried out. Discuss the following:

- Any issues arising from the consultation
- The details of the treatment carried out and **why you made the decisions you did** in respect of:

Treatment Modality – SWD:

- Needle choices
- Client and skin preparation
- Current intensity adaptations required for the client, area or blemish
- Results
- Client reactions
- Skin reactions
- Adverse events and how you dealt with them
- Post treatment products
- Dressings selected and method of application
- After care and recommendations for further treatment
- Other important information related to what you have learned.
- You must also outline any aspects of the skill you feel need to be improved- What might you do differently next time?

TREATMENT REFLECTION AND EVALUATION – SHORT WAVE DIATHERMY

Practitioner Signature date

TREATMENT REFLECTION AND EVALUATION

Treatment Modality Cryotherapy

- Loading / reloading device
- Nozzle Choice
- Technique
- Timing per blemish
- Adaptations required for the client, area or blemish
- Results
- Client reactions
- Skin reactions
- Adverse events and how you dealt with them
- Post treatment products
- Dressings selected and method of application
- After care and recommendations for further treatment
- Other important information related to what you have learned.
- You must also outline any aspects of the skill you feel need to be improved- What might you do differently next time?

TREATMENT REFLECTION AND EVALUATION – CRYOTHERAPY

Practitioner Signature **date**

Tutor Comment

Tutor Signature **date**