

CLIENT REF

DATE OF
TREATMENT



sallydurant
aesthetic education & training

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

EXAMINATION CLIENT ASSESSMENT
FOR
BLEMISH REMOVAL

Student Name

Candidate Number

LEVEL 4 QUALIFICATIONS IN ADVANCED SKIN STUDIES & AESTHETIC PRACTICE

RANGE STATEMENTS PRACTICAL UNITS

SDP03: BLEMISH REMOVAL BY THERMOLYSIS AND CRYOTHERAPY

Range Statements Relating to Skin Lesions

Range Statement	Tick as Applicable
Telangiectasia – Face	
Spider Naevi	
Small Cherry Angioma – up to 2mm diameter	
Medium Cherry Angioma – 2mm – 5mm	
Small Skin Tag – Up to 2 mm in length	
Medium Skin Tag - 3 - 5mm in length	
Large Skin Tag – Over 5 mm in length	
Small Seborrheic Keratosis - up to 5mm diameter	
Medium Seborrheic Keratosis – over 5mm diameter	
Milia	
Sebaceous Hyperplasia	
Solar Lentigo	
Wart or Verruca	

Range Statements Relating to Modality

Range Statement	Tick as Applicable
Short Wave Diathermy	
Cryotherapy	
White Nozzle	
Blue Nozzle	
Circling Technique	
Pulsing Technique	
Zig-Zag Technique	
Freeze – Thaw-Freeze-Technique	



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	
Any lifestyle, environment or dietary changes since your last visit? Give details	
Any changes to your stress level / sleep pattern since your last visit?	
Have you changed your skin care regime since you last visit? Give details	
Have noticed any recent changes to your skin / skin lesions? Give details	
Have you been in strong sunlight within the last 4 weeks?	
Are you going into strong sunlight in the following 4 weeks?	
<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 	

ASSESSMENT OF SKIN HEALING CAPACITY & LOCALISED SKIN CONDITON

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LESION ANALYSIS

TYPE OF LESION	
SIZE OF LESION	
TREATMENT MODALITY	
FITZPATRICK SKIN TYPE	
OTHER OBSERVATIONS	

SHORT WAVE DIATHERMY TREATMENT

NEEDLE CHOICE - TYPE		NEEDLE CHOICE - SIZE	
CURRENT INTENSITY & ADJUSTMENTS		TREATMENT TIMING	
SKIN REACTION / ADVERSE EVENTS			
TRETMENT OUTCOME			

CRYOTHERAPY

NOZZLE CHOICE		TECHNIQUE	
TIMING		REPETITON	
SKIN REACTION / ADVERSE EVENTS			
TRETMENT OUTCOME			



TREATMENT PLAN	
TREATMENT REVIEW DATE	
FOLLOW UP TREATMENT PLAN	

RECOMMENDED AFTERCARE

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 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

Treatment Reflection and Evaluation - continued

Practitioner Signature **Date**

Client Feedback

Were you happy with treatment you received today? Can you suggest any change to your treatment procedure or general experience that might be helpful to the practitioner who has treated you today?

Tutor Comment

Tutor Signature date

UNIT SDPO3 BLEMISH REMOVAL ASSESSMENT OF COMPETENCY & FEEDBACK

Lesions/conditions treated with Thermolysis	Lesions/conditions treated with Cryotherapy
Assessor Name	
FOR BOTH TREATMENT MODALITIES	TICK / CROSS
1. Ensured professional and appropriate presentation of self	
2. Ensured the treatment area and equipment was prepared effectively, hygienically and safely	
3. Completed the consultation procedure and established that the client had no contraindications to treatment	
4. Explained the treatment fully and established that a realistic outcome for the treatment was recognised by the client	
5. Gained 'consent to and request for' treatment documentation	
6. Prepared the client appropriately and made adaptations where needed to ensure client comfort and modesty	
7. Accurately prepared the skin for the procedure and accurately assessed the client's skin condition and the lesions / conditions to be treated	
8. Selected the treatment modality in accordance with treatment needs and established agreement with the client	
9. Effectively and professionally explained the procedure to the client	
FOR THERMOLYSIS TREATMENT ONLY	
10. Selected the appropriate needle type and size and safely and hygienically loaded the needle into the holder.	
11. Adopted an appropriate technique for the lesion/ condition being treated	
12. Made current adjustments to establish a working point and ensure clean and effective treatment	
13. Effectively balanced current levels and adapted treatment protocols to take account of client comfort levels	
14. Effectively and professionally used the magnifying lamp throughout treatment	

FOR CRYOTHERAPY TREATMENT ONLY	
17. Selected the appropriate nozzle size for the lesions to be treated	
18. Ensured the skin was allowed to thoroughly dry prior to application of the nitrous oxide jet	
19. Adopted an appropriate technique, timing and distance from the lesion to ensure efficient treatment	
20. Ensured treatment parameters were adapted to take account of client comfort	
FOR BOTH TREATMENT MODALITIES	
21. Where appropriate - Effectively treated both sides of the face/ body and safely and hygienically moved around the couch	
22. Where appropriate- Effectively considered timing to ensure equal treatment was given to both sides of the face/body	
23. Demonstrated good posture and working position throughout	
24. Addressed adverse events correctly	
25. Selected and hygienically applied appropriate aftercare products	
26. Discussed aftercare instructions and recommendations for product purchases and further treatment with the client	
27. Accurately recorded all treatment details in accordance with centre requirements	
28. Ensured that both pre and post treatment photographs were obtained following accepted protocols	
29. Followed all protocols throughout the treatment for tidiness, hygiene and safety, including the use of PPE and disposal of clinical waste	
30. Maintained professional and appropriate communication with the client throughout the treatment	
31. Ensured cost effective use of products and sundry items throughout the treatment	
32. Carried out the treatment within commercially accepted time constraints	
33. Ensured all risks and hazards were eliminated	
34. Correctly answered all oral questions	

ASSESSMENT OUTCOME - 100% Competency to Pass		
TUTOR COMMENTS		
PASS	REFERRAL	TUTOR SIGNATURE
LEARNER ENDORSEMENT- Are you happy with the assessment outcome?		
Are you happy with the assessment outcome?		
YES	NO	LEARNER SIGNATURE
If the answer is no - please detail below		