

Unit  
N3

Ref:

Treatment Plan  
**LEVEL 2 PEDICURE N3**

<b>Client Ref</b>		Treatment	
<b>Therapist</b>		Date	

**Consultation**

Manual  Visual  Questioning  Reference to client records

**Health and Safety**

Risk Assessment completed  Tools checked for hygiene  Disposal systems available  Positioning checked

**Client Preparation**

Treatment area prepared  Nail/skin analysis performed

**Necessary Actions**

Encouraging client to seek medical advice  Explaining why the service cannot be carried out

Modification of treatment *(please state)*

**Treatment**

Products to be used  
*(please state)*

Materials to be used  
*(please state)*

**Hand and Nail Treatments**

Paraffin Wax  Foot Masks  Thermal Boots  Exfoliators

**Nail Finish**

Dark Colour  French



**Aftercare Advice given** *(please state)*

**Client Feedback**

**Client Signature**

**Therapist Signature**

**Date**

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