

Unit
N2

Treatment Plan

Ref:

LEVEL 2 MANICURE

Client Ref		Treatment	
Therapist		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 ☐ Hand Masks ☐ Thermal Mitts ☐ Exfoliators ☐
Warm Oil ☐

Nail Finish

Dark Colour ☐ French ☐ Buffed ☐



Aftercare Advice given *(please state)*

Client Feedback

Client Signature

Therapist Signature

Date

