

Treatment Plan
LEVEL 2 FACIALS

Client Ref		Treatment	
Therapist		Date	

Consultation

Manual	<input type="checkbox"/>	Visual	<input type="checkbox"/>	Questioning	<input type="checkbox"/>	Reference to client records	<input type="checkbox"/>
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Health and Safety

Risk Assessment completed	<input type="checkbox"/>	Tools checked for hygiene	<input type="checkbox"/>	Disposal systems available	<input type="checkbox"/>	Positioning checked	<input type="checkbox"/>
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Client Preparation

Treatment area prepared	<input type="checkbox"/>	Skin analysis performed	<input type="checkbox"/>
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Necessary Actions

Encouraging client to seek medical advice	<input type="checkbox"/>	Explaining why the service cannot be carried out	<input type="checkbox"/>
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Modification of treatment <i>(please state)</i>	<input type="checkbox"/>
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Treatment

Products to be used <i>(please state)</i>	
Materials to be used <i>(please state)</i>	

Skin Types

Oily	<input type="checkbox"/>	Dry	<input type="checkbox"/>	Combination	<input type="checkbox"/>
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Skin conditions

Mature	<input type="checkbox"/>	Sensitive	<input type="checkbox"/>	Dehydrated	<input type="checkbox"/>
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Types of equipment

Magnifying light	<input type="checkbox"/>	Skin warming devices	<input type="checkbox"/>	Consumables	<input type="checkbox"/>
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Facial products

Eye make-up remover	<input type="checkbox"/>	Cleansers	<input type="checkbox"/>	Toners	<input type="checkbox"/>
Exfoliators	<input type="checkbox"/>	Moisturisers	<input type="checkbox"/>	Specialised skin products	<input type="checkbox"/>

Massage mediums

Oil	<input type="checkbox"/>	Cream	<input type="checkbox"/>
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Massage techniques

Effleurage	<input type="checkbox"/>	Petrissage	<input type="checkbox"/>	Tapotement	<input type="checkbox"/>
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Mask treatments

Setting	<input type="checkbox"/>	Non-setting	<input type="checkbox"/>
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Aftercare Advice given *(please state)*

Unit
B4

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Ref:

Client Feedback

Client Signature

Therapist Signature

Date

LCOE TRAINING LIMITED