

Unit
B5

Treatment Plan LEVEL 2 EYE TREATMENTS

Ref:

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"/>	Patch test checked <input type="checkbox"/>
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Client Preparation

Treatment area prepared <input type="checkbox"/>	Hair/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"/>
Modification of treatment <i>(please state)</i> <input type="checkbox"/>	

Treatment

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

Eyebrow Treatments

Re-shape of the Brow <input type="checkbox"/>	Maintenance of original brow shape <input type="checkbox"/>
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Colouring Techniques

Fair <input type="checkbox"/>	Red <input type="checkbox"/>	Dark <input type="checkbox"/>	White <input type="checkbox"/>
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Artificial Lashes

Strip lashes <input type="checkbox"/>	Individual Flare Lashes <input type="checkbox"/>
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Types of Products

Adhesives <input type="checkbox"/>	Solvents <input type="checkbox"/>
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Aftercare Advice given *(please state)*

Client Feedback

Client Signature		
Therapist Signature		Date



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Client Feedback

Client Signature

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