UBT446

Enhance appearance using scalp micropigmentation techniques

ASSIGNMENT 8

Consultation, assessment and treatment planning

Student name	
Tutor	
Date issued	
Date completed	

Aim

To demonstrate comprehensive knowledge of client consultation, medical and treatment history, advanced scalp, skin, hair and hair-loss assessment, classification systems, treatment suitability, informed consent and individual SMP treatment planning in accordance with UBT446.

Instructions

Complete all sections. Modern clinical terminology is used first; relevant ITEC wording is shown where examination terminology differs. Assessment tools support observation but do not authorise medical diagnosis outside scope.

Student signature	
Date	

Task 1 - Match the terms with the descriptions

1. Consultation, communication and consent

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Consultation	____
B. Open question	____
C. Closed question	____
D. Active listening	____
E. Capacity	____
F. Informed consent	____
G. Cooling-off period	____

Descriptions

1. Listening, clarifying, summarising and checking that information has been understood correctly.
2. A voluntary agreement made by a person able to understand, retain and weigh relevant information and communicate a decision.
3. A question usually answered with a short, specific fact used to confirm details.
4. A structured two-way process used to gather information, assess suitability, discuss options and agree realistic objectives.
5. Time between receiving information and committing to treatment, where required by law, policy or good practice.
6. The client's ability to make the particular decision at the relevant time.
7. A question encouraging a detailed answer in the client's own words.

Task 1 - Match the terms with the descriptions

2. History, lifestyle and previous treatment

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Medical history	____
B. Medication and supplements	____
C. Allergy and sensitivity history	____
D. Healing and scarring history	____
E. Previous scalp or hair treatment	____
F. Lifestyle factors	____
G. Personal and family hair-loss history	____

Descriptions

1. Smoking, diet, sun exposure, occupation, hobbies, exercise, headwear and current scalp/hair-care practices relevant to healing or maintenance.
2. Past and present health information, conditions, surgery and factors relevant to safety and referral.
3. Pattern, onset, progression and relevant hereditary information supporting assessment but not replacing medical diagnosis.
4. Prescribed, over-the-counter and herbal products that may influence bleeding, immunity, healing, hair loss or treatment timing.
5. Previous response to wounds, procedures, keloids, hypertrophic scars, delayed healing or pigment procedures.
6. Known reactions to metals, latex, adhesives, pigments, cleansers, topical anaesthetics or other treatment products.
7. Type, date, frequency and outcome of transplant, PRP, minoxidil, scalp needling, laser/light therapy, surgery or home treatment relevant to recovery and planning.

Task 1 - Match the terms with the descriptions

3. Scalp and skin assessment

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Skin integrity	____
B. Fitzpatrick skin phototype	____
C. Glogau photo-ageing classification	____
D. Skin tone and undertone	____
E. Sensitivity and healing capacity	____
F. Primary or secondary lesion	____
G. Scar assessment	____

Descriptions

1. Assessment of cause, age, maturity, stability, colour, contour, texture, vascularity, sensation and realistic camouflage potential.
2. Whether the surface is intact and free from wounds, infection, active inflammation or other do-not-treat findings.
3. Assessment of tenderness, pruritus, reactivity, epidermal/dermal thickness and previous tissue response relevant to technique and recovery.
4. A system describing typical erythema and tanning response to ultraviolet exposure; it does not define ethnicity, undertone or complete treatment risk.
5. The visible scalp colour and underlying warm, cool or neutral influence considered separately from phototype.
6. A visible skin finding that must be recognised, documented and referred when abnormal, unexplained or outside scope rather than diagnosed by the SMP practitioner.
7. A descriptive scale for visible photo-ageing; it does not represent biological age or determine suitability alone.

Task 1 - Match the terms with the descriptions

4. Hair and hair-loss assessment

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Hair density	____
B. Hair shaft calibre	____
C. Hair and follicle colour	____
D. Follicular-unit pattern	____
E. Hair-loss pattern and timescale	____
F. Stable or progressive hair loss	____
G. Original and desired hairline	____

Descriptions

1. The amount and distribution of visible hair in the proposed and surrounding areas.
2. The former natural position, shape and recession pattern compared with the client's requested design.
3. The thickness or diameter of individual existing hairs used to plan impression scale and visual integration.
4. The onset, duration, rate, distribution and affected areas, including shedding, thinning and changes used to conceal loss.
5. The visible shade, value and warmth/coolness of remaining scalp, facial or transplant hair relevant to pigment planning.
6. Whether loss appears unchanged or is continuing; history and objective comparison are required because future progression affects design.
7. The natural occurrence and distribution of one-, two-, three- or multi-hair follicular units relevant to a believable effect.

Task 1 - Match the terms with the descriptions

5. Classification systems used in UBT446

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Hamilton-Norwood scale	____
B. Ludwig scale	____
C. Savin scale	____
D. Sinclair scale	____
E. Fitzpatrick skin phototype	____
F. Glogau photo-ageing classification	____
G. Classification limitation	____

Descriptions

1. A graded system used to describe female-pattern hair density and part-width change.
2. A system commonly used to describe male androgenetic alopecia patterns (male pattern baldness in ITEC wording).
3. Recognition that scales support communication and documentation but do not diagnose the cause, predict progression or replace individual assessment.
4. A scale describing visible features of photodamage.
5. A system for female-pattern hair loss that includes stages of central or diffuse thinning.
6. A classification describing typical skin response to ultraviolet exposure.
7. A system used to illustrate female-pattern thinning, including density change and frontal recession patterns.

Task 1 - Match the terms with the descriptions

6. Assessment tools, tests and professional limits

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Visual and tactile assessment	____
B. Dermoscopy or magnification	____
C. Densitometry	____
D. Wood's lamp	____
E. Hair pull test	____
F. Medical test or biopsy result	____
G. Medical referral	____

Descriptions

1. A controlled test that may indicate active shedding when performed competently; it does not identify every cause of hair loss.

2. Inspection and, with permission, touch used to assess integrity, texture, sensitivity, thickness and visible findings while maintaining dignity.

3. Information produced or interpreted by an appropriately qualified healthcare professional; the SMP practitioner records relevance but does not order, diagnose from or reinterpret outside competence.

4. Magnified non-invasive examination that may improve visualisation of scalp, follicular openings and hair-shaft features but does not by itself establish a medical diagnosis.

5. Direction to a GP, dermatologist, transplant surgeon or other appropriate professional when findings require diagnosis, treatment or information outside SMP scope.

6. An assessment aid using ultraviolet illumination for selected surface pigment or fluorescence observations; results are limited and not a standalone diagnosis.

7. Measurement or imaging used to estimate hair density or calibre for baseline and comparison, subject to method consistency and device limitations.

Task 1 - Match the terms with the descriptions

7. Suitability, expectations and clinical decisions

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Proceed	____
B. Adapt	____
C. Postpone	____
D. Decline	____
E. Refer	____
F. Realistic expectation	____
G. Psychological suitability	____

Descriptions

1. Delay SMP until a temporary condition resolves, adequate healing occurs or required information is obtained.
2. An achievable understanding of cosmetic camouflage, likely sessions, fading, maintenance and limitations without promises of cure, regrowth or perfection.
3. Do not provide the requested treatment when it remains unsafe, inappropriate, uninsured, outside competence or inconsistent with valid consent.
4. Treat after a complete assessment confirms that SMP is currently safe, suitable and within scope.
5. Consider motivation, distress, decision-making, body-image concerns and ability to tolerate the process without diagnosing a psychological disorder.
6. Modify the design, area, timing, pigment strategy, technique or session plan safely for individual findings within competence.
7. Seek appropriate professional assessment when diagnosis, medical management or specialist advice is required.

Task 1 - Match the terms with the descriptions

8. Individual treatment plan and documentation

Match each term with the correct description. Write the correct number in the answer column.

Term	Answer
A. Treatment plan	____
B. Hairline template	____
C. Pigment and technique plan	____
D. Session, cost and maintenance plan	____
E. Clinical photography	____
F. Review point	____
G. Confidential record	____

Descriptions

1. A planned stage to compare healing, retention, colour, skin response, hair-loss progression and whether the next session requires adaptation.

2. A documented strategy combining findings, suitability, objectives, treatment area, design, products, technique, timing, risks and advice.

3. Protected documentation of consultation, assessment, decisions, consent, products, referrals and communication in accordance with data-protection requirements.

4. Standardised baseline and template images taken with specific consent, secure equipment and storage; marketing/teaching use requires separate explicit permission.

5. An agreed visual guide based on original hairline, facial features, age, loss pattern, likely progression and a conservative achievable outcome.

6. Transparent information on estimated number and spacing of sessions, price, review stages, likely maintenance and factors that may change the estimate.

7. Documented pigment/dilutant choices, batch/lot details, ratios, needle/cartridge approach and techniques linked to assessed skin, hair and objectives.

Task 2 - Answer the questions

Consultation, assessment and treatment planning

1. Explain the purpose of an SMP consultation and the communication techniques needed to obtain accurate information, confirm understanding and support valid informed consent.

2. Describe the medical, medication, allergy, healing, lifestyle, personal and family hair-loss history that should be recorded before deciding suitability.

3. Explain how previous hair transplant surgery, PRP, minoxidil, scalp needling, laser/light therapy and other scalp treatments may affect timing and planning.

Task 2 - Answer the questions

Consultation, assessment and treatment planning

4. Describe a complete scalp and skin assessment, including integrity, condition, pigmentation, tone/undertone, sensitivity, thickness, healing capacity, lesions and scars.

5. Describe a complete hair and hair-loss assessment, including density, calibre, colour, follicular-unit pattern, timescale, distribution, stability, progression and original hairline.

6. Explain the correct uses and limitations of Fitzpatrick, Glogau, Hamilton-Norwood, Ludwig, Savin and Sinclair classifications.

Task 2 - Answer the questions

Consultation, assessment and treatment planning

7. Explain how visual/tactile assessment, dermoscopy, magnification, densitometry, a Wood's lamp and a hair pull test may support assessment without becoming medical diagnosis.

8. Explain how expectations, psychological suitability and future hair loss or ageing are considered when agreeing objectives and deciding to proceed, adapt, postpone, decline or refer.

9. Describe sensitivity and product/allergy testing requirements, pain assessment and the limits of medical information or clearance.

Task 2 - Answer the questions

Consultation, assessment and treatment planning

10. Describe the contents of an individual SMP treatment plan, including area, hairline, pigment, needle/technique approach, sessions, review, cost and maintenance.

11. Explain the requirements for consultation records and standardised clinical photography, including confidentiality and separate consent for clinical, teaching and marketing use.

12. Explain how the proposed procedure, sensations, healing, risks, limitations, aftercare, timeframes and alternatives should be communicated before final consent.

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

1. What is the main purpose of an SMP consultation?
A. To gather information, assess suitability and agree realistic objectives
B. To begin implantation immediately
C. To guarantee the result
D. To replace written records
Answer: _____

2. Which question type encourages a detailed answer?
A. A closed confirmation question
B. An open question
C. A leading promise
D. A yes-or-no instruction
Answer: _____

3. What does active listening include?
A. Interrupting to save time
B. Avoiding client questions
C. Clarifying, summarising and checking understanding
D. Giving a medical diagnosis
Answer: _____

4. What is capacity?
A. A signed form only
B. The practitioner's preferred plan
C. The client's payment method
D. The ability to make the particular decision at the relevant time
Answer: _____

5. Which statement about informed consent is correct?
A. It must be voluntary, specific, informed and given by a person with capacity
B. A signature alone is always sufficient
C. It can be obtained after treatment
D. It overrides contraindications
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

6. Why may a cooling-off period be appropriate?
A. It guarantees pigment retention
B. It allows time to consider information before committing
C. It replaces assessment
D. It determines phototype
Answer: _____

7. Why must current medicines and supplements be recorded?
A. They determine hairline shape only
B. Every medicine prevents SMP
C. They may affect bleeding, healing, hair loss or treatment timing
D. The practitioner must advise stopping them
Answer: _____

8. What is the practitioner's limit regarding prescribed medication?
A. Stop anticoagulants routinely
B. Change the dose before SMP
C. Replace it with a supplement
D. Do not instruct the client to stop or alter it
Answer: _____

9. Why is healing and scarring history important?
A. It may reveal delayed healing, abnormal scarring or previous reactions
B. It guarantees future healing
C. It selects the machine brand
D. It replaces scalp assessment
Answer: _____

10. What should be recorded about previous PRP, transplant or scalp needling?
A. Only the price
B. Type, area, date, frequency, outcome and recovery
C. Only the provider's name
D. Nothing if the client is satisfied
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

11. Why are lifestyle factors relevant?
A. They determine diagnosis
B. They replace consent
C. They may affect healing, maintenance, exposure and treatment planning
D. They only affect hair colour
Answer: _____

12. What does skin integrity describe?
A. Only the client's undertone
B. Only pigment viscosity
C. Only hair density
D. Whether the surface is intact and suitable for treatment
Answer: _____

13. What does Fitzpatrick skin phototype classify?
A. Typical erythema and tanning response to ultraviolet exposure
B. Ethnicity and undertone
C. Hair-loss stage
D. Scar depth
Answer: _____

14. Why must phototype not be used alone?
A. It predicts every outcome
B. It does not replace individual skin, health and treatment-risk assessment
C. It diagnoses every condition
D. It determines all pigment choices
Answer: _____

15. What does Glogau classification describe?
A. Biological age
B. Male hair-loss stage
C. Visible photo-ageing features
D. Pain tolerance
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

16. Why are tone and undertone assessed separately from phototype?
A. They are identical to UV response
B. They diagnose inflammation
C. They replace hair colour assessment
D. They describe different colour characteristics relevant to visual integration
Answer: _____

17. Which scalp finding requires postponement or referral?
A. Active inflammation or an unexplained lesion
B. Healthy intact skin
C. Stable long-term hair loss
D. A realistic objective
Answer: _____

18. What is hair density?
A. The diameter of one shaft
B. The amount and distribution of visible hair within an area
C. The pigment value
D. The skin phototype
Answer: _____

19. What is hair shaft calibre?
A. The number of sessions
B. The hair-loss cause
C. The diameter or thickness of individual hairs
D. The scalp tone
Answer: _____

20. Why assess follicular-unit patterns?
A. To diagnose all alopecia
B. To determine blood pressure
C. To replace density assessment
D. To reproduce believable variation in one-, two- and multi-hair groupings
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

21. Why is the timescale of hair loss important?
A. It helps assess pattern, possible progression and future planning
B. It guarantees the cause
C. It determines pigment batch
D. It replaces family history
Answer: _____

22. What is progressive hair loss?
A. A stable unchanged pattern
B. Loss continuing to advance or change over time
C. Normal pigment fading
D. A healed transplant scar
Answer: _____

23. Which scale is used for typical male androgenetic patterns?
A. Glogau
B. Fitzpatrick
C. Hamilton-Norwood
D. Glasgow
Answer: _____

24. Which group contains female-pattern classification systems named in UBT446?
A. Norwood, Glogau and Fitzpatrick
B. Hamilton, Glasgow and Braden
C. Savin, Glogau and Norwood only
D. Ludwig, Savin and Sinclair
Answer: _____

25. What is a key limitation of hair-loss scales?
A. They describe pattern but do not diagnose cause or predict progression
B. They replace medical history
C. They determine pigment batch
D. They show every possible presentation
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

26. What can dermoscopy or magnification support?
A. Definitive diagnosis of every disease
B. More detailed visualisation and documentation of scalp and hair features
C. Automatic treatment clearance
D. Measurement of pain
Answer: _____

27. What is densitometry used for?
A. Diagnosing all endocrine disease
B. Selecting anaesthetic
C. Estimating or comparing hair density using a consistent method
D. Measuring skin phototype
Answer: _____

28. What is a Wood's lamp in this context?
A. A device that guarantees suitability
B. A steriliser
C. A hair-growth treatment
D. A limited assessment aid that is not a standalone diagnosis
Answer: _____

29. What is a limitation of the hair pull test?
A. It may indicate shedding but does not identify every cause
B. It diagnoses all alopecia
C. It predicts pigment retention
D. It replaces referral
Answer: _____

30. How should biopsy or hormone-test results be handled?
A. Order and diagnose from them independently
B. Record relevant clinician-provided information without interpreting outside competence
C. Ignore all medical reports
D. Publish them with photographs
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

31. When is medical referral appropriate?
A. For every healthy client
B. Only after treatment
C. When findings need diagnosis, treatment or information outside SMP scope
D. To transfer all responsibility
Answer: _____

32. What is a realistic SMP expectation?
A. Guaranteed hair regrowth
B. Permanent unchanged colour
C. Complete cure of alopecia
D. Cosmetic improvement with discussed limitations, fading and maintenance
Answer: _____

33. Why is psychological suitability considered?
A. Motivation, distress and body-image concerns may affect an appropriate decision
B. To diagnose psychiatric disease
C. To select pigment colour
D. To eliminate informed consent
Answer: _____

34. What does adapt mean?
A. Ignore contraindications
B. Modify the plan safely for individual findings within scope
C. Always increase density
D. Diagnose the condition
Answer: _____

35. What does postpone mean?
A. Permanently refuse every future treatment
B. Proceed immediately
C. Delay until a temporary issue resolves or information is obtained
D. Refer every client
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

36. What does decline mean?
A. Change pigment only
B. Book an extra session
C. Proceed with consent alone
D. Do not provide treatment that remains unsafe, unsuitable or outside scope
Answer: _____

37. Does medical clearance automatically make SMP suitable?
A. No; the practitioner must still assess skin, scope, insurance and risk
B. Yes, in every case
C. Yes, consent is then unnecessary
D. Yes, no scalp assessment is needed
Answer: _____

38. What is the purpose of a manufacturer-required product sensitivity test?
A. To guarantee no allergy
B. To identify a possible reaction while recognising that no test guarantees future tolerance
C. To select hairline position
D. To diagnose immune disease
Answer: _____

39. What timing does UBT446 state for required allergy/product tests?
A. After treatment
B. Immediately before implantation only
C. At least 48 hours before treatment, subject to current manufacturer and centre requirements
D. No interval is stated
Answer: _____

40. Why use a 0-10 pain scale?
A. To diagnose disease
B. To determine phototype
C. To replace client communication
D. To establish baseline expectations and monitor tolerance consistently
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

41. What should an individual treatment plan include?
A. Findings, objectives, areas, design, products, technique, timing, risks and advice
B. Only the machine brand
C. Only a consent signature
D. Only the treatment price
Answer: _____

42. Why should the hairline template be conservative and agreed?
A. Every client requires the same line
B. It must reflect features, original hairline, loss pattern, ageing and realistic goals
C. It permanently stops recession
D. It replaces photography
Answer: _____

43. What should the session and cost plan explain?
A. A guaranteed fixed outcome
B. Only the deposit
C. Estimated number, spacing, review points, price and likely maintenance
D. Only the first appointment
Answer: _____

44. Why are review points planned?
A. To avoid documenting progress
B. To guarantee no maintenance
C. To replace aftercare
D. To reassess healing, retention, colour and the need to adapt
Answer: _____

45. What makes clinical photographs useful for comparison?
A. Consistent lighting, position, distance, angle and views
B. Beauty filters
C. Different lighting each time
D. Personal social-media storage
Answer: _____

Task 3 - Multiple-choice knowledge test

Select one answer for each question.

46. Which consent is required for marketing photographs?
A. None if the face is cropped
B. Separate explicit permission beyond clinical-record photography consent
C. The treatment consent automatically covers it
D. Only verbal permission from staff
Answer: _____

47. Why must records be confidential?
A. They are marketing property
B. Confidentiality applies only after treatment
C. They contain personal and health information requiring secure lawful handling
D. It prevents the client seeing records
Answer: _____

48. What must be explained before final consent?
A. Only the price
B. Only pigment colour
C. Only the appointment length
D. Procedure, sensations, risks, healing, limitations, aftercare, timeframes and alternatives
Answer: _____

49. Can consent override an identified contraindication?
A. No; agreement does not make unsafe or inappropriate treatment acceptable
B. Yes, always
C. Yes, if written
D. Yes, if a test area is used
Answer: _____

50. What is the safest overall planning principle?
A. Use one standard plan for everyone
B. Combine complete individual assessment with scope, evidence and informed agreement
C. Base suitability on hair colour alone
D. Begin before consultation is complete
Answer: _____