

DUVALL'S SCHOOL OF COSMETOLOGY CLIENT ASSESMENT FORM MICRODERMABRASION

NAME _____ DATE _____

Client fill out questions 1 – 5.

- | | |
|---|----------------|
| 1. Have you had any cosmetic surgeries, laser resurfacing, chemical peels, or dermabrasion. Date last treatment _____ | Yes ___ No ___ |
| 2. Have you had any recent injectables, fillers, or Botox
If yes when? _____ | Yes ___ No ___ |
| 3. Do you use Retin-A, other vitamin A products, or other medications that exfoliate or thin the skin? | Yes ___ No ___ |
| 4. Have you ever had or currently have Herpes Simplex? (cold sore) | Yes ___ No ___ |
| 5. Are you currently on any photosensitizing medications? | Yes ___ No ___ |

Student Fill out portion below

SKIN TYPE AND AGING CLASSIFICATION:

___ Fitzpatrick I	___ Fitzpatrick IV	___ Rubin I
___ Fitzpatrick II	___ Fitzpatrick V	___ Rubin II
___ Fitzpatrick III	___ Fitzpatrick VI	___ Rubin II

SKIN CONDITIONS:

___ Telangiectasias; improvement since last treatment:	Yes ___ No ___
___ Wrinkles; improvement since last treatment:	Yes ___ No ___
___ Scarring; improvement since last treatment:	Yes ___ No ___
___ Rough texture/solar damage; improvement since last treatment:	Yes ___ No ___
___ Hyperpigmentation; improvement since last treatment:	Yes ___ No ___
___ Acne; improvement since last treatment:	Yes ___ No ___

MICRODERMABRASION SETTINGS:

Machine 1	Machine 2	Machine 3	Machine 4
Settings _____	Settings _____	Settings _____	Settings _____

CLIENT SIGNATURE	8
1	9
2	10
3	11
4	12
5	13
6	14
7	15