

Microdermabrasion Assessment

First Name:

Last Name:

Email Address:

Date:

CLIENT ANSWER QUESTIONS 1-5

1. Have you had any cosmetic surgeries, laser resurfacing, chemical peels, or dermabrasion? ○Yes○No

If yes, when?

2. Have you had any recent injectables, fillers, or botox? ○Yes○No

If yes, when?

3. Do you use Retin-A, other vitamin A products, or other medications that exfoliate or thin the skin? ○Yes○No

4. Are you currently on any photosensitizing medications? ○Yes○No

STUDENT FILL OUT THE PORTION BELOW

Skin Type and Aging:

☐ Fitzpatrick I
☐ Fitzpatrick II
☐ Fitzpatrick III

☐ Fitzpatrick IV
☐ Fitzpatrick V
☐ Fitzpatrick VI

☐ Rubin I
☐ Rubin II
☐ Rubin III

Skin Conditions:

☐ Telangiectasias
☐ Wrinkles
☐ Scarring
☐ Rough Texture or Solar Damage
☐ Hyperpigmentation
☐ Acne

Improved since last treatment? ☐ Yes ☐ No
Improved since last treatment? ☐ Yes ☐ No
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Improved since last treatment? ☐ Yes ☐ No
Improved since last treatment? ☐ Yes ☐ No



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Audit

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Page 3 of 3