

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 III |

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 Settings _____	Machine 2 Settings _____	Machine 3 Settings _____	Machine 4 Settings _____
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CLIENT SIGNATURE/DATE	CLIENT SIGNATURE/DATE