

Microdermabrasion Consultation Form

Name:.....

Address:.....

.....Post code:.....

Tel:..... e-mail:.....

Profession/Lifestyle:.....

Age Group: Under 20 20-30 30-40 40-50 50-60 60+
 Skin Type: Normal Oily Dry Combination
 Skin Conditions: Mature Sensitive Dehydrated

CONTRA INDICATIONS REQUIRING MEDICAL PERMISSION – in circumstances where medical permission cannot be obtained the treatment must not be carried out. (select if/where appropriate):

Pregnancy	Undiagnosed lumps and bumps
Cardiovascular conditions (thrombosis, phlebitis, hypertension, hypotension, heart conditions)	Diabetes
Haemophilia	Asthma
Any condition already being treated by a GP or Dermatologist	Bells Palsy
Medical oedema	Trapped/Pinched nerve
Osteoporosis	Inflamed nerve
Nervous/Psychotic conditions	Cancer
Epilepsy	Spastic conditions
Recent operations	Undiagnosed pain
Hepatitis or HIV	When taking prescribed medication
	Recent cosmetic or other surgery
	Injections for personal enhancement

CONTRA INDICATIONS THAT RESTRICT TREATMENT (select if/where appropriate)

Fever	Abrasions
Contagious or infectious diseases	Scar tissues (2 years for major operation and 3 months for a small scar)
Under the influence of recreational drugs or alcohol	Sunburn
Diarrhoea and vomiting	Haematoma
Any known allergies	Recent fractures (minimum 3 months)
Hypersensitive skin	Any metal pins or plates
Broken capillaries	Loss of skin sensation (tactile test)
Localised swelling	Botox/dermal fillers (6 weeks following treatment)
Inflammation	
Cuts	
Bruises	

SKIN TEST (select if/where appropriate):

Moisture content: Excellent Good Fair Poor
Muscle tone: Excellent Good Fair Poor
Elasticity: Excellent Good Fair Poor
Sensitivity: High Medium Low
Skins healing ability: Excellent Good Fair Poor
Skin tone: Fair Medium Dark Olive
Circulation: Good Normal Poor
Pores: Fine Dilated Comodones Milia

Crystal or Diamond Microdermabrasion

Crystal Microdermabrasion
 Diamond Microdermabrasion

REASON/S FOR TREATMENT (select if/where appropriate):

Removal of: Comodones Milia
Treatment of: Fine lines Wrinkles Scars Lip lines Frown lines

I confirm that I have answered truthfully to the above questions, I agreed that I may be putting myself at risk if I do not answer truthfully to any of the above questions and cannot hold the beautician responsible for any adverse reactions to the treatment provided.

Signed:..... Print Name:..... Date:.....

Microdermabrasion Skin Analysis

Products Used	inHg and Diamond head used
---------------	----------------------------

Cleanser:

Toner:

Face Mask:

SPF 30 Brand:

Neck:

Chin:

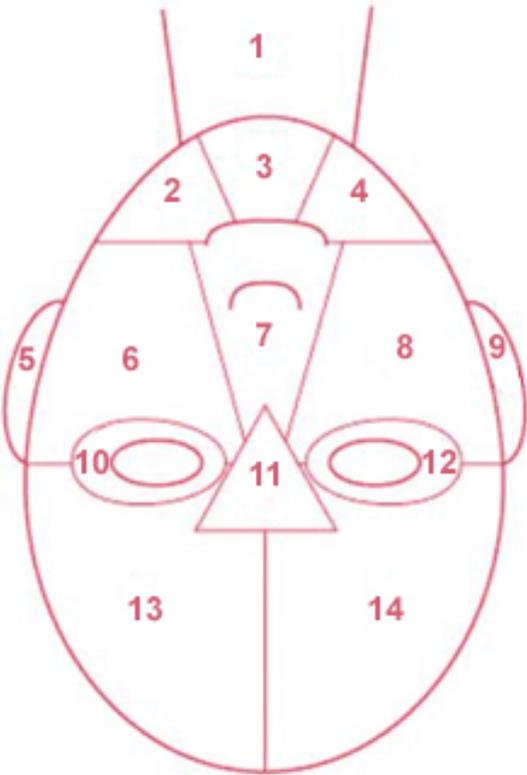
Cheeks:

Eyes:

Nose:

Forehead:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____
- 13 _____
- 14 _____



Aftercare advice given to client:

.....

.....

.....

.....

.....

Products recommended for home use:

.....

.....

.....

.....

Amount of treatments recommended to the client and frequency of treatments:

.....