Client Consultation Form

iUBT392 – Microdermabrasion treatments

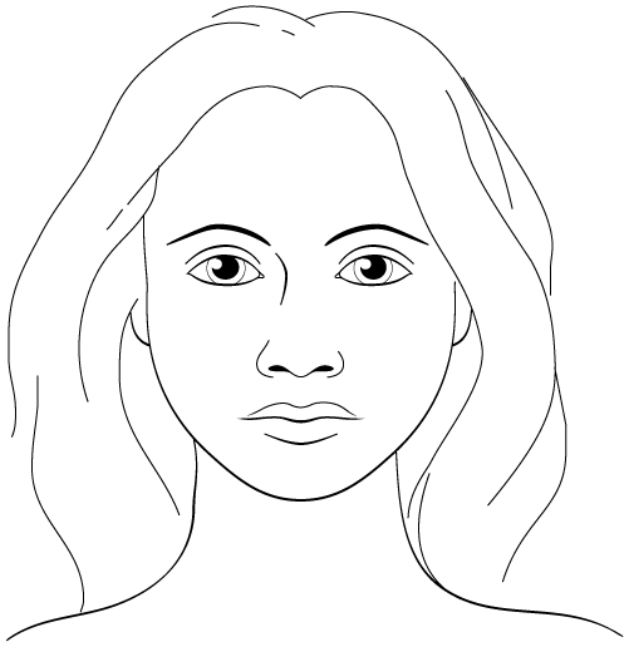
Centre name:	
Centre number:	
Learner name:	
Learner number:	
Date:	

Client name:		
Address:		
Profession:		
Telephone number:	Day:	
	Evening:	

Personal details:						
Age group:	Under 20 ☐	20 – 30 ☐	30 – 40 ☐	40 – 50 ☐	50 – 60 ☐	60+ ☐
Lifestyle:	Active ☐			Sedentary ☐		
Last visit to the doctor:						
GP address:						
Number of children: *(If applicable)*						
Date of last period: *(If applicable)*						

Contra-indications requiring medical permission – *in circumstances where medical permission cannot be obtained clients must give their informed consent in writing prior to treatment (Select if/where appropriate):*					
Pregnancy	☐	Cardiovascular conditions (thrombosis, phlebitis, hypertension, hypotension, heart conditions)	☐	Haemophilia	☐
Any condition already being treated by a GP or dermatologist	☐	Medical oedema	☐	Osteoporosis	☐
Nervous/psychotic conditions	☐	Epilepsy	☐	Recent operations	☐
Diabetes	☐	Asthma	☐	Bell's palsy	☐
Trapped/pinched nerve	☐	Inflamed nerve	☐	Cancer	☐
Conditions causing muscular spasticity (i.e cerebral palsy)	☐	Undiagnosed pain	☐	When taking prescribed medication	☐
Inflamed, infected or contagious skin condition or disorders	☐	Active herpes simplex	☐	Malignant melanoma	☐
Skin thinning medication i.e. steroids	☐	Anti-coagulant medications	☐	Keloid scars	☐
Scleroderma	☐	Recent cosmetic or other surgery	☐	Injections for personal enhancement	☐
HIV	☐				

Contra-indications that restrict treatment *(Select if/where appropriate):*					
Fever	☐	Skin diseases	☐	Bruises	☐
Contagious or infectious diseases	☐	Undiagnosed lumps and bumps	☐	Abrasions	☐
Under the influence of recreational drugs or alcohol	☐	Hypersensitive skin	☐	Scar tissues (2 years for major operation and 6 months for a small scar)	☐
Diarrhoea and/or vomiting	☐	Broken capillaries	☐	Sunburn	☐
Any known allergies	☐	Localised swelling	☐	Haematoma	☐
Skin cancer	☐	Inflammation	☐	Recent fractures (minimum 3 months)	☐
Hepatitis	☐	Cuts	☐	Any metal pins or plates	☐
Tattoos in the treatment area	☐	Microblading/micropigmentation in the treatment area	☐	Pigmented naevi	☐
Loss of skin sensation (tactile test)	☐	Recent Botox/dermal fillers	☐	Recent dermabrasion or chemical peels	☐

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 ☐	
Circulation	Good ☐	Normal ☐	Poor ☐	
Pores:	Fine ☐	Dilated ☐	Comodones ☐	Milia ☐
Overall skin type:	White ☐	Black ☐	Asian ☐	Mixed ☐
	Dry ☐	Oily ☐	Combination ☐	Mature ☐
	Young ☐			
Overall skin condition:				
Skin texture:				
Pigmentation:				
Reasons for treatment *(select where appropriate):*	Fine lines ☐	Wrinkles ☐	Scars ☐	Lip lines ☐
	Frown lines ☐	Congested skin ☐	Skin texture ☐	Pigmentation ☐
	Congested skin ☐			
Removal of:	Comodones ☐	Milia ☐		
				

Treatment details *(To include products used):*

Client feedback:

Aftercare feedback:

Therapist/learner signature: _____

Client signature: _____

Microdermabrasion treatment follow up sheet 1

Feedback from last treatments:

Treatment details – *(To include products used):*

Client feedback:

Aftercare feedback:

Date of treatment: _____

Therapist/learner signature: _____

Client signature: _____

Microdermabrasion treatment follow up sheet 2

Feedback from last treatments:

Treatment details – *(To include products used):*

Client feedback:

Aftercare feedback:

Date of treatment: _____

Therapist/learner signature: _____

Client signature: _____

Document History

Version	Issue Date	Changes	Role
V0.4	5/8/19	Table formatting/review	Temp
v1	29/10/2019	First published	Qualifications Administrator