Treatment Evidence Form

iUBT367 – Apply microdermabrasion

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

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

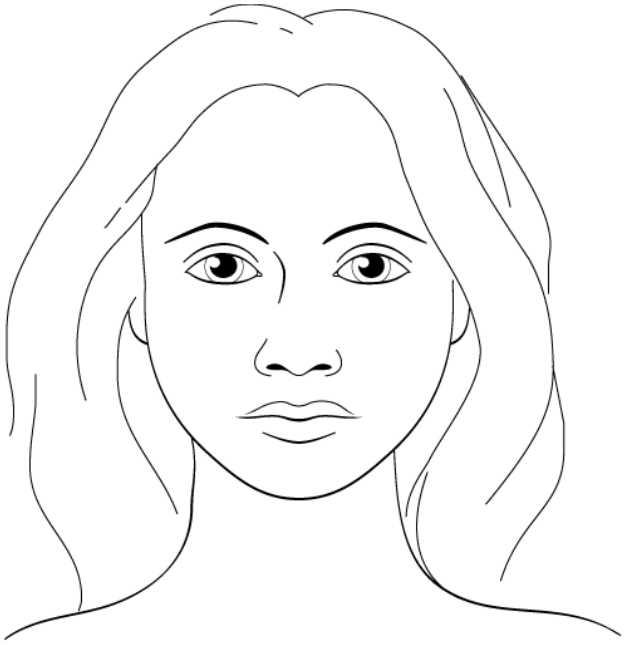
Personal details:						
Age group:	Under 20 ☐	20 – 30 ☐	30 – 40 ☐	40 – 50 ☐	50 – 60 ☐	60+ ☐
Lifestyle:	Active ☐			Sedentary ☐		
Last visit to the doctor:						
GP address:						
Number of children: *(If applicable)*						
Date of last period: *(If applicable)*						

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	☐	Epilepsy	☐	Cancer	☐
Cardiovascular conditions (thrombosis, phlebitis, hypertension, hypotension, heart conditions)	☐	Recent operations	☐	Conditions causing muscular spasticity e.g. cerebral palsy	☐
Haemophilia	☐	Diabetes	☐	Undiagnosed pain	☐
Any condition already being treated by a GP or dermatologist	☐	Asthma	☐	When taking prescribed medication	☐
Medical oedema	☐	Bell's palsy	☐	Medication causing thinning or inflammation of the skin (e.g. steroids, Accutane, retinols)	☐
Osteoporosis	☐	Trapped/pinched nerve	☐	Acute rheumatism	☐
Nervous/psychotic conditions	☐	Inflamed nerve	☐	Inflamed, infected or contagious skin conditions or disorders	☐
Active herpes simplex	☐	Malignant melanoma	☐	Anti-coagulant medications	☐
Keloid scars	☐	Scleroderma	☐	HIV	☐
Any dysfunction of the nervous system (i.e. multiple sclerosis, Parkinson's disease, motor neurone disease)	☐	Chemotherapy	☐	Kidney infections	☐
Urinary infections	☐				

Contra-indications that restrict treatment – *(Select if/where appropriate):*					
Fever	☐	Undiagnosed lumps and bumps	☐	Scar tissue (2 years for major operation and 6 months for a small scar)	☐
Contagious or infectious diseases	☐	Hypersensitive skin	☐	Sunburn	☐
Under the influence of recreational drugs or alcohol	☐	Broken capillaries	☐	Haematoma	☐
Diarrhoea and/or vomiting	☐	Localised swelling	☐	Recent fractures (minimum 3 months)	☐
Any know allergies	☐	Inflammation	☐	Any metal pins or plates	☐
Skin cancer	☐	Cuts	☐	Loss of skin sensation (tactile test)	☐
Hepatitis	☐	Bruises	☐	Dermal fillers/botulinum toxin treatment	☐
Skin diseases	☐	Abrasions	☐	Sinusitis	☐
Anaphylaxis	☐	Pacemaker	☐	Body/face piercing	☐

Thin skin ☐	Hirsutism ☐	After any heat treatment ☐
Recent dermabrasion or chemical peels ☐	Recent lPL or laser treatment ☐	Epilation ☐
Pigmented naevi ☐	Microblading/micropigmentation in the treatment area ☐	Tattoos in the treatment area ☐

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 ☐
Overall skin type:	White ☐	Black ☐	Asian ☐	Mixed ☐
	Dry ☐	Oily ☐	Combination ☐	Mature ☐	Young ☐
	Pigmentation:			
	Overall skin condition:			
	Skin texture:			
	Brief description:			
Reason/s for treatment *(select where appropriate)*	Comodones ☐	Milia ☐	Congested skin ☐	Fine lines ☐
	Wrinkles ☐	Scars ☐	Lip lines ☐	Frown lines ☐

Treatment to include *(select where appropriate):*	

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

Client feedback:

After/home care advice given:

Therapist/Learner signature: _____

Client signature: _____

Document History

Version	Issue Date	Changes	Role
v1	19/11/2019	First published	Qualifications Administrator
v2	14/01/2020	Amended title from Consultation to Treatment Evidence	Qualifications and Regulation Co-ordinator