



DERMAPROS
clinical skin care

This form must be completed and signed before receiving Microdermabrasion

PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Address: _____ Telephone (H): _____
City: _____ State: _____ Zip: _____ Telephone (W): _____

MEDICAL INFORMATION

Referred By: _____ Name of Physician: _____

Hair color: (Blonde, Red, Brown, Light Brown, Dark Brown, Black, Gray)

Eye color: (Blue, Green, Hazel, Brown, Black) Skin Tone: (Pink, Peach, Olive, Native American, Asian, Black)

Please circle any health conditions you may have: Claustrophobia, Diabetes, Epilepsy,
Heart Disease, High or Low Blood pressure, Pacemaker, Auto Immune Disorder

Please list all medications you take: _____

Please list any topical medications that you regularly use (include Retin-A, AHAs): _____

Please list all cosmetic surgeries including Collagen and Botox injections: _____

LIFESTYLE INFORMATION

Please list any allergies or allergic reactions: _____

What is your level of stress (1 being low, 10 High – circle one): 1 2 3 4 5 6 7 8 9 10

Do you get eight hours of sleep each night? _____

How much milk do you drink daily? _____

Vitamin and mineral supplements taken? _____

How much water do you drink daily? _____

Caffeine Daily intake? _____

Are you a vegetarian? _____

Do you salt your food? _____

Do you exercise? _____

Do you suffer from PMS? _____

Have you experienced Menopause? _____

How much alcohol do you drink daily? _____

Do you smoke? _____ How many packs a day? _____

What skin care products do you use? Do these include Glycolic? _____

Circle how much sun exposure you receive? A lot Average Minimal

Do you suffer from any of the following problems?

- | | | | |
|---------------------------|-------------------------|--------------------------|------------------------------|
| <i>Whiteheads</i> | <i>Blackheads</i> | <i>Oily Complexion</i> | <i>Rosacea</i> |
| <i>Eczema</i> | <i>Psoriasis</i> | <i>Fine Lines</i> | <i>Wrinkles</i> |
| <i>Age spots on Hands</i> | <i>Hypopigmentation</i> | <i>Hyperpigmentation</i> | <i>Moles</i> |
| <i>Broken Capillaries</i> | <i>Warts</i> | <i>Ingrown Hairs</i> | <i>Dry Scalp Dehydration</i> |
| <i>Stretch Marks</i> | <i>Cellulite</i> | | |

Have you experienced the following?

- | | | | |
|-----------------------------|---------------------------|------------------------|------------------|
| <i>Professional Facials</i> | <i>Glycolic Peels</i> | <i>Salicylic Peels</i> | <i>Botox</i> |
| <i>Microdermabrasion</i> | <i>Jessner's Peels</i> | <i>Bodywraps</i> | <i>Restylane</i> |
| <i>TCA Peels</i> | <i>Permanent Makeup</i> | <i>Waxing</i> | <i>IPL</i> |
| <i>Medical Dermabrasion</i> | <i>Laser Hair Removal</i> | | |

What do you hope to achieve from this consultation and microdermabrasion?

What are your goals for the future skin care program?

How did you hear about Dermapros?

Please do not write below this line

Professional Observations:
