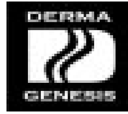

Microdermabrasion Skin Evaluation Form

Patient: ____

Date of Birth: ______________________ **Chart/ID Number:** ______________________

This critical information will be used to develop a customized microdermabrasion skin treatment plan for you. Please provide the following information:

Areas Of Concern:

What conditions/problems areas would you like improved:

☐ Sun Damage ☐ Clogged Pores ☐ Scarring
☐ Excessive Oiliness ☐ Upper Lip Lines ☐ Brown Spots/Uneven Skin Color
☐ Acne/Pimples ☐ Wrinkles ☐ Blackheads/Whiteheads
☐ Freckles ☐ Dry Patches ☐ Hard Bumps Under Skin

Skin Condition:

What type of skin do you have?

☐ Dry ☐ Normal to Dry ☐ Normal ☐ Normal to Oily ☐ Oily

Do you tan? ☐ Easily ☐ Burn

Any facial scarring? ☐ Yes ☐ No Location: ______________________________

How old is scar? ______________________

Have you had or planning to have any facial surgery? ☐ Yes ☐ No

Any prior cosmetic peels? ☐ Salon ☐ TCA ☐ Phenol ☐ Other: __________

Genesis Biosystems

Facial hair removal? ☐ Wax ☐ Other Date: __________________

Please check the products you are currently using and list the brand names:

Cleanser ______________ Sunscreen ______________
Moisturizer ______________ Toner ______________
Eye Cream ______________ Mask ______________
Scrub ______________ Serums ______________
Night Cream ______________ Astringent ______________

Medical Conditions:

Do you have any chronic skin or medical disorders? ☐ Yes ☐ No

☐ Psoriasis ☐ Dermatitis ☐ Fever Blisters ☐ Rosacea ☐ Hepatitis ☐ Other: ______________

List medications/supplements you are currently using: ______________________________

____

Do they make you photo-sensitive? ☐ Yes ☐ No

Are you allergic to any cosmetic ingredients/medications? ☐ Yes ☐ No

If yes, please list: ____

Are you using any of the following:

☐ Retin A (strength/how long: __________) ☐ Zovirax
☐ Accutane ☐ Tretracycline
☐ Oral Contraceptives ☐ Antibiotics (oral/topical)

Are you pregnant? ☐ Yes ☐ No

MA1-0098-003A

Skin Evaluation Form
Page 2
(For Doctor/Aesthetician Use)

Clinical Notes

Check All Conditions That Apply and Note on Diagrams:

Skin Conditions:

☐ Sun Damage
☐ Brown Spots
☐ Upper Lip Lines: Deep Fine
☐ Blackheads
☐ Pimples: Frequent Occasional
☐ Milia: Red White
☐ Clogged Pores
☐ Excessive Oiliness
☐ Whiteheads
☐ Wrinkles: Deep Fine
☐ Acne
☐ Freckles
☐ Dry Patches

Skin Type:

☐ Dry ☐ Dry to Normal ☐ Normal ☐ Normal to Oily ☐ Oily
☐ Firm/Taut ☐ Lax/Loose

Contraindications:

☐ Visible Broken Blood Vessels ☐ Rosacea Fever Blisters

Notes: