Microcurrent Evaluation Card

Name:_____

By completing this client profile, you will assist us in evaluating your skin condition. The information you provide will be used to determine what factors may be affecting your skin so that we may recommend the proper care.

Date: .....…… Consultation By: …….....
Address:.....
Phone (H): .....…..…..... Phone (W): .....
Age Group: Under 30 / 30-40 / 40-50 / 50-60 / 60 +

Lifestyle

How many hours do you sleep per night? .....
How often do you exercise? ……..
On a scale from 1 (low) to 10 (high), how would you rate your stress level?.....

Nutrition

Check any of the following foods that you consume and indicate the quantities:

☐ Sugar: ____ ☐ Spicy Foods: ____ ☐ Dairy Products: ____
☐ Salty Foods: ____ ☐ Snack Foods: ____ ☐ Meat Products: ____

Check the types of fluids that you consume daily and indicate the quantities:

☐ Water: ____ ☐ Juices: ____ ☐ Tea: ____
☐ Coffee: ____ ☐ Alcohol: ____ ☐ Colas: ____

Health/Medical

Physician's name, address, and phone number: ……..
.....

Please list all medications that you take regularly. Include hormones, vitamins, etc.: ……..
.....
Please check any health conditions which you have had or are now experiencing:

☐Alcoholism	☐Heart Problems	☐Muscular Conditions	☐Dermal Fillers
☐Asthma	☐Hepatitis	☐Multiple Sclerosis	☐Botox®
☐Cancer	☐Hormonal Disorders	☐Metal implants, screws	☐Smoking
☐Claustrophobia	☐Hypoglycemia	☐Pregnancy -or-	☐Sugar Diabetes
☐Epilepsy	☐Hysterectomy	Recent Pregnancy	☐Thrombosis or Phlebitis
☐High/Low Blood	☐Lack of Normal	☐Recent Surgery	☐Thyroid Disorders
Blood Pressure	Skin Sensation	☐Recent Illness	☐Whiplash

Comments

Health/Medical, cont.

Have you ever undergone treatment from a dermatologist? ☐Yes ☐No
If yes, when? .....
What type of condition? .....
Any negative side effects? .....

Within the last month, have you taken or used any of the following?

☐Retin-A ☐Antibiotics ☐Diuretics ☐Accutane ☐Oral Contraceptives ☐Laxatives

Have you ever undergone plastic surgery? .....
When? .....
Where on your body? .....
What information can you provide about the procedure? .....

Home Skin Care Regimen

Describe in detail (using product brand names) exactly how you are presently caring for your skin:
.....

What are your concerns?

What is your specific concern about your skin? .....
.....
How long have you noticed your condition? .....
Is this an ongoing or temporary condition? .....
Have you ever received a salon skin care treatment? .....
What were the results? .....
How did you hear about us? .....

Client Release

Caution: Do not perform microcurrent or vacuum massage if any of the following conditions exist: any severe health conditions or any of the following contraindications, Epilepsy, Pacemaker, Pregnancy, Thrombosis or Phlebitis, or if the conditions are unknown to you consult a physician.
Caution: Do not perform *microdermabrasion* applications if any of the following conditions exist: Severe health conditions or any of the following contraindications, any contagious disease, any drug causing sun sensitivity (Tetracycline), any drug or application causing thinning of skin (Retin-A or Accutane), blood transmitted diseases (HIV, Hepatitis, Herpes), Hemophilia, or if the conditions are unknown to you, consult a physician.
Caution: Do not perform *light rejuvenation* applications if any of the following conditions exist: Severe health conditions or any of the following contraindications Hypersensitivity to light or "photo allergy," tendency toward photo-toxic reactions, taking of photo-sensitizing or photo-toxic medication, cancer, epilepsy, pregnancy, or if the conditions are unknown to you, consult a physician.
I certify that the above statements are true and correct, and that I, ... , having been advised and fully informed by ..... of ..... concerning the nature of the process proposed, to be performed by them, and hereby authorize and direct them to perform such process and perform such services as may be deemed necessary or advisable. My signature below constitutes my acknowledgement that (1) I have read, understand and fully agree to the foregoing (2) Give consent to the proposed process that has been satisfactorily explained to me and I have all the information that I desire (3) I hereby give my consent and authorization voluntarily and release the establishment and its agents of any claims that I have or may have in the future in connection with the described application.

Signature ..... Date ..... Interviewer ..... Date .....