

MICROLITE MIROCURRENT HEALTH QUESTIONNAIRE

Name: _____

Age: _____

Home Phone: _____ Work Phone: _____

Are you currently under the care of a physician for a specific condition? Yes No
If Yes, list reason(s).

List all current medications/treatments: (Include Botox, Restylane, aspirin, vitamins, ointments and creams prescribed by a physician.)

Circle all that apply:

Blood Thinners-Viral Lesions-Herpes Simplex-Eczema-Uncontrolled Diabetes Vascular Lesions-Active Acne-Sinus Infections-Pregnant/Nursing-Skin Cancer Facial/Oral Surgery-Auto Immune Disease-Hepatitis-High/Low Blood Pressure Keloid-Scars- Dermatitis-Metal in Body-Epilepsy-Phlebitis-Thrombosis Pace Maker- Electronic Monitor Device-Allergies Other _____

Please explain any items circled above if indicated.

Circle products if you are currently using them on areas to be treated.

Retin - A-Salicylic Acid-Alpha or Beta Hydroxy Products-Accutane

Others: _____

Please list any previous facial treatments and date. (i.e., chemical peel, microdermabrasion, microcurrent, laser resurfacing, facial surgeries)

What are your goals to do hope to achieve from microcurrent?

For this protocol please do not change products during the treatments. _____ initial

Signature: _____

Date: _____

SKIN ASSESSMENT

Name: _____ Date of Assessment: _____

Pertinent Health History:

Treatment Area: Face ___ Neck ___ Hands ___ Décolleté ___ Back ___

Other: _____

Skin Conditions: Circle all that apply. (Document location on Face & Neck Assessment)

Rash Dryness Comedones Redness Lesions Enlarged Pores Acne Scars Milia Scar

Rosacea Stretch Marks Sun Damage Age Spots Hyperpigmentation

Other _____

Frequency Settings:

Treatment Time: _____

Circle all that Apply: Fixed Random Mixed

Write in Microcurrent output:

Rt Side of Face: F R M _____ Lt Side of Face: F R M _____

Mouth: F R M _____ Eyes: F R M _____

Other Areas: F R M _____ Other Areas: F R M _____

Other Interventions:

Products used:

Post care information given on _____

Consultation done _____

Teaching done _____

Notes:

Signed: _____

Date: _____

MICROCURRENT POST- CARE INSTRUCTIONS

General Information:

- Makeup may be applied after the treatment if necessary.
- Skin may feel tight for a day or two after the treatment.
- If you may experience dryness and peeling for a day or two after the treatment, a gentle moisturizer should be applied as frequently as needed.
- Do not use any of the following products for the following 24 hours after the treatment:
Alpha or Beta Hydroxy Salicylic Acid/Salicylate Retin-A Glycolics
- Use warm or tepid water on area treated; do not use hot water.
- Stay out of direct sunlight. If you must be outdoors, use a sunscreen.
(Minimum SPF 15).

Post Microcurrent Home Care

Use _____ Post-peel Moisturizer for 3 days after treatment.
Apply AM and PM or as directed by esthetician. If irritation occurs, contact your esthetician at _____.

- Avoid use of AHA products, masks, scrubs, facial waxing, or any other exfoliating products or treatments for at least two days.
- Use of cold compresses can provide relief from the windburn feeling.
- Avoid direct sun exposure and/or tanning beds after treatment.
- Use make-up as desired.
- Use sunscreen.

**Days 1—3
AM/PM**

Use _____ Cleanser Use _____ moisturizer.

- If treating hyperpigmentation use of a lightning product is recommended.
- In the absence of irritation, you may begin using your prescribed home care products or other AHA products 3 days after treatments.

Special Instructions/Notes: