



sallydurant  
aesthetic education & training

The CIBTAC / SALLY DURANT  
Level 4 Qualifications in Advanced Skin  
Studies and Aesthetic Practice

EXAMINATION  
SKIN HEALTH ASSESSMENT &  
TREATMENT RECORD

MICRONEEDLING

Student Name

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Candidate Number

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### SKIN HEALTH ASSESSMENT

CLIENT REF ..... DATE OF BIRTH ..... DATE OF ASSESSMENT .....

PRACTITIONER NAME.....

#### 1. INVESTIGATIVE CONSULTATION - INFORMATION UPDATE

Update and Sign Consultation Form as Appropriate

Has your health or medication changed since your last visit to us? Give details	✓ X
Any lifestyle, environment or dietary changes since your last visit? Give details	✓ X
Any changes to your stress level / sleep pattern since your last visit?	✓ X
Have you changed your skin care regime since you last visit? Give details	✓ X
Have noticed any recent changes to your skin / skin lesions? Give details	✓ X
Have you been in strong sunlight within the last 4 weeks?	✓ X
Are you going into strong sunlight in the following 4 weeks?	✓ X
<p>Have you had any of the following treatments within the last 6 weeks?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Waxing in the area to be treated</li> <li><input type="radio"/> Electrolysis</li> <li><input type="radio"/> A chemical peel</li> <li><input type="radio"/> Laser / IPL hair removal</li> <li><input type="radio"/> Laser/ IPL skin regeneration or other laser treatment?</li> <li><input type="radio"/> Permanent makeup / Tattooing</li> <li><input type="radio"/> Dermal Roller</li> <li><input type="radio"/> Microdermabrasion</li> <li><input type="radio"/> Botulinum Toxin Injections</li> <li><input type="radio"/> Dermal Filler Injections</li> <li><input type="radio"/> Hair colouring</li> <li><input type="radio"/> Other – Please state</li> </ul>	



## 2. VISUAL SKIN ANALYSIS

CLIENT REF ..... DATE ..... PRACTITIONER NAME.....

PRIMARY SKIN TYPE	SECONDARY SKIN TYPE
<input type="checkbox"/> Normal / Balanced <input type="checkbox"/> Oily <input type="checkbox"/> Lipid Dry <input type="checkbox"/> Combination T Zone <input type="checkbox"/> Sensitive <input type="checkbox"/> Acne - Grade 1 2 3 4 5 <input type="checkbox"/> Rosacea	<input type="checkbox"/> Early Ageing <input type="checkbox"/> Moderate Ageing <input type="checkbox"/> Advanced Ageing <input type="checkbox"/> Dehydrated <input type="checkbox"/> Photo-damaged <input type="checkbox"/> Sensitised / Reactive
LIFE STAGE - Women	LIFE STAGE - Men
<input type="checkbox"/> Puberty <input type="checkbox"/> Menstruation / Child Bearing <input type="checkbox"/> Pregnant / Brest Feeding <input type="checkbox"/> Peri-Menopausal <input type="checkbox"/> Post Menopausal	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 30 <input type="checkbox"/> 30 - 55 <input type="checkbox"/> Over 55
FIZPATRICK SCALE	GLOCAU SCALE OF PHOTOAGEING
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 - Mild <input type="checkbox"/> 2 - Moderate <input type="checkbox"/> 3 - Advanced <input type="checkbox"/> 4 - Severe

GENERAL OBSERVATIONS			
Skin Texture			
Skin Tone / Firmness			
Skin Colour ( Vascular )			
Skin Density			
Lines / Winkles / Folds			
SKIN CONDITION	✓ ✗	SKIN CONDITION	✓ ✗
Loss of Dermal Support - Collagen		Loss of DEJ Adhesion	
Loss of Dermal Tension - Elastin		Glycation	
Loss of Dermal Volume – HA		Loss of Muscle Tone	
Dropped Facial Contours		Epidermal Dehydration	

Loss of Epidermal Lipidity		Congestion	
<b>SKIN CONDITION</b>	<b>✓ ✘</b>	<b>SKIN CONDITION</b>	<b>✓ ✘</b>
Excessive Sebaceous Secretions		Open / Closed Comedones	
Milia		Inflammatory Lesions / Sepsis	
Hyperkeratosis		Hyperkeratotic Lesions	
General Skin Colour / Tan (Melanin)		Skin Colour (Vascular)	
Pigmentation Irregularities		Vascular Damage / Lesions	
Pigmented Lesions		Oedema / Swelling	
Discolouration		Skin Infections / Diseases	
Scarring		Superfluous hair	
Other / Notes			

<b>RECOMMENDED MICRO-NEEDLING TREATMENT PLAN</b>

## ASSESSMENT OF INFLUENCES ON SKIN HEALTH

### ENVIRONMENT INFLUENCES AND THEIR IMPLICATIONS TO SKIN HEALTH

### LEFESTYLE INFLUENCES

### DIETARY INFLUENCES AND THEIR IMPLICATIONS

### MEDICAL HISTORY / HEALTH AND MEDICATION INFLUENCES

INFLUENCES OF EXISTING SKIN CARE REGIME

**KEY INDICATORS OF SKIN HEALTH, TREATMENT CAUTION AND ADAPTATION**

INDICATION	✓ ✗	NOTES
EPIDERMAL DEHYDRATION / TEWL		
DERMAL DEHYDRATION (Hyaluronic Acid)		
POOR LIPIDITY		
POOR BARRIER FUNCTION (Chemical / Physical)		
SENSITISED / EASILY IRRITATED SKIN / VASCULAR DAMAGE		
POOR DESQUAMATION / HYPERKERATOSIS		
OXIDATIVE STRESS		
ECM DEGRADATION		
CONGESTION		
SKIN FATIGUE		
PREMATURE AGEING Mild / Moderate / Advanced		
COMPROMISED HEALING CAPACITY		
HORMONAL IMPLICATIONS		
GLYCATION		
PIGMENTATION IRREGULARITY		
OTHER		

**RECOMMENDED MICRONEEDLING TREATMENT PLAN**

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**TREATMENT RECORD**

AREA TREATED	
TOPICAL ANAESTHESIA	
NEEDLE SIZE	
APPLICATION	
POST TREATMENT PRODUCTS	
ADVERSE EVENTS	
COMMENTS	

**RECOMMENDED HOME CARE REGIMEN**

CLEANSE	
EXFOLIATION	
ANTIOXIDANT	
HYDRATION	
LIPIDITY / NOURISHMENT	
CONDITON –SPECIFIC CARE	
SUNSCREEN	
OTHER	

**CLIENT FEEDBACK**

**Are you happy with the treatment you have received today?**

**Please provide any feedback that you may have**

**Client Signature**



