



INFORMED CONSENT FOR MICRO-NEEDLING

Client Name: _____

Address: _____

Email: _____ Phone : _____

Please circle, check box, or answer where appropriate:

• Do you have any current or chronic medical illnesses we should know about? (i.e. thyroid, heart condition, cancer is self or family, epilepsy, diabetes) Please list: _____

• Have you had any major or minor surgery ? Please list: _____

• Do you take any medications, herbal supplements or topical on a regular basis ? (Antibiotics, Hormones, Retin-A, Glycolic Lactic Acid, etc.) or have you taken Accutane or anticoagulants

Details _____

• HAVE YOU HAD/HAVE COLD SORES OR HERPES? Yes No

• Do you have or have you been exposed to HIV (AIDS)? Yes No

• (For women) Are you or could you be pregnant ? Yes No Or breastfeeding? Yes No

Hypersensitivity & Fragility

• Do you have any allergies to medications, foods, latex, Nickel or other substances? Yes No

If yes, please list: _____

• Are you sensitive to skincare products? Yes No

If yes, please list: _____

Sun History & Skin

• Any sun exposure, used tanning creams or tanning beds in the last 4-6 weeks? Yes No

• When exposed to the sun, do you: Tan Only Burn Then Tan Burn

• Do you develop skin rashes in reaction to food medication environment light? Details _____

Ability to Heal

• Do you form thick or raised scars? (Keloid scarring)? Yes No

• Do you use wax or use depilatories? Yes No

• Does your skin appear fragile? Yes No

• Do you bruise easily? Yes No

• Do you bleed easily? Yes No



Skin Type

- Does your skin ever flake or feel tight and dry? Frequently Occasionally Rarely
- Is your hair shiny a few hours after cleansing? Frequently Occasionally Rarely
- How often do you experience blackheads or blemishes? Frequently Occasionally Rarely
- How noticeable are your pores? Very Not Very

Pigmentation

- Is your pigmentation: Even Uneven Birthmark Pregnancy Mask Vascularity
- Broken Capillaries : Nose Cheeks Chin Forehead Entire Face
- Do you blush easily? Yes No

Acne

- Do you have any history of acne or periodic breakouts? Yes No
- Do you have Rosacea? Yes No
- Do you have any areas of concern with acne scarring? Yes No

It is important that you are informed about your skin condition and proposed treatment including the potential benefits and risks involved.

This disclosure is not meant to scare you: It is simply an effort to better inform you so that you may give or withhold your consent to the treatment program.

I have requested a micro-needling treatment to attempt to improve my facial expression lines and/or skin surface. The practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results. I understand that several appointments may be necessary to complete the treatment.

Risks and side effects:

Side effects and complications are minimal. Occasionally you may experience erythema, bleeding, temporary scarring, dryness and/or discomfort. I have been advised of the risks involved in such a treatment, the expected benefits of such treatment, and alternative treatments, including treatment to all.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this procedure today and for all subsequent treatments.

I have answered all questions, particularly about my medical history to the best of my knowledge. I have no further questions. I freely consent to the proposed elective treatment, and understand the potential benefits and side-effects.

Client Signature: _____ Date _____

Clinician Signature: _____ Date _____