

Microneedling Consent Form

Client Name:

Date of Service

Please answer the following:

Are you pregnant or nursing? Y N

Do you have any active cold sores? Y N

Have you use of isotretinoin currently or in the past six months? Y N

Are you prone to post-inflammatory hyperpigmentation? Y N

or keloid scars? Y N

Have you had recent Sun exposure? Y N

Do you have a history of diabetes? Y N

Do you have a history of hemophilia, irregular blood pressure, tuberculosis, liver function issues? Y N

Do you have the following :

Susceptibility to capillary ectasia due to steroid use for extended periods? Y N

Cardiac abnormalities, pacemaker, blood clotting problems Y N

Blood thinning medication Y N

Immunosuppression Y N

Facial melanosis Y N

Keloid scars Y N

History of eczema, psoriasis and other Y N

Chronic conditions Y N

History of actinic (solar) keratosis, diabetes, raised moles or warts on targeted area Y N

Scleroderma Y N

Collagen vascular disease Y N

Active bacterial or fungal infection; (i.e., cold sore) Y N

History of any type of cancer Y N

Please initial you have received post care instructions and if applicable post care products initial here _____

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Client Consent

Please initial after each of the following statements

I understand that results will vary between individuals. I understand that although I may see a change after my first treatment, I may require a series of sessions to obtain my desired outcome.

Initials _____

The procedure contraindications, precautions and warnings have been explained to me including, alternative methods, as have the advantages and disadvantages. Initials _____

I am advised that though good results are expected, the possibility and nature of complications cannot be fully anticipated. Therefore, there can be no guarantee as expressed or implied either as to the success or other result of the treatment. I am aware that the results of this treatment with Microspa are not permanent as natural degradation will occur over time.

Initials _____

I have read this consent form and I understand the information contained in it. Initials _____

I have had the opportunity to ask any questions about the treatment, including risks or alternatives and acknowledge that all my questions about the procedure have been answered in a satisfactory manner. Initials _____

I confirm that the information I have provided on this form is accurate, to the best of my knowledge, and that I have not withheld any information that will be relevant to my consultation. Initials _____

Client Signature: _____ Date _____

Skin Therapist _____ Date _____