



# NIECY'S

## WELLNESS & MEDICAL SPA

### SkinPen Microneedling Facial Consent Form:

128 Princeton Rd. Ste. #3  
Johnson City, TN 37601  
(423)410-0072  
[office@niecyswellnessandmedicalspa.com](mailto:office@niecyswellnessandmedicalspa.com)

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ EMERGENCY CONTACT # \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ REASON FOR APPT \_\_\_\_\_

The use of SkinPen microneedling is not intended to treat, cure or prevent any illness or condition. All medical conditions should be treated by a physician competent in treating that particular condition. Clearance from medical primary care doctor is required before SkinPen microneedling treatment at Niecy's Wellness and Medical Spa. Niecy's Wellness and Medical Spa assumes no responsibility for customers choosing to treat themselves.

The use of SkinPen microneedling is not intended to substitute for medical care or treatment. Do not stop your medication without first consulting with your doctor or medical professional. SkinPen microneedling is NOT a substitute for any conventional medication or medical condition. The information contained herein is not intended to cover all possible uses, directions, precautions, warnings, drug interactions, allergic reactions, or adverse effects. If you have any questions about Skinpen microneedling facial, or possible contraindications, please consult with your physician or health professional.

#### **PLEASE ANSWER THE FOLLOWING QUESTION**

- Pregnant or breast-feeding Y/N
- Currently have any open wounds of skin infections (face) Y/N
- Have used Accutane or similar medications within the last twelve months Y/N



# NIECY'S

## WELLNESS & MEDICAL SPA

- Have an active sunburn Y/N
- Have open wounds or a skin infection Y/N
- Have active cold sores in treatment area Y/N
- Have had radiation treatment in treatment area within the last year Y/N
- Have malignancies or suspected malignancies of the skin Y/N
- Taking anti-coagulants or have blood clotting disorders Y/N
- Have an autoimmune disease causing delayed wound healing, including: HIV/AIDs, Lupus, Scleroderma, etc. have a history of keloid scars or delayed wound healing Y/N

### Medical

History: \_\_\_\_\_  
\_\_\_\_\_

### Current Medication:

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

### DESCRIPTION OF THE PROCEDURE

Microneedling procedures allow for controlled induction of the skin's self-repair mechanism by creating micro-"injuries" in the skin, which triggers new collagen synthesis. The result is smoother, younger-looking skin. Microneedling procedures are performed in a safe and precise manner with the use of the sterile needle head. The procedure is normally completed within 30–60 minutes, depending on the required procedure and anatomical site.

### SIDE EFFECTS

After the procedure, the skin will be red and flushed in appearance, similar to a moderate sunburn. You may also experience skin tightness and mild sensitivity to touch on certain areas. This will diminish significantly within a few hours following the procedure. Within the next 24 hours, the skin will have returned to normal. After three days, there is rarely any evidence that the procedure has taken place.

### CONTRAINDICATIONS

Microneedling is contraindicated for patients with: keloid scars, scleroderma, collagen vascular diseases or cardiac abnormalities, blood disorders, a hemorrhagic disorder or haemostatic dysfunction, active bacterial or fungal infection.

### PRECAUTIONS AND WARNINGS

Microneedling has not been evaluated in the following patient populations, and as such, precautions should be taken when determining whether the SkinPen procedure is adequate for the patient: scars and stretch marks less than one year old; women who are pregnant or nursing; keloid scars; patients with history of eczema, psoriasis and other chronic conditions; patients with history of actinic (solar) keratosis; patients with history of herpes simplex infections; diabetics or patients with wound-healing deficiencies; patients on immunosuppressive therapy; and skin with presence of raised moles or warts on targeted area.



# NIECY'S

## WELLNESS & MEDICAL SPA

**Cancellation Policy: Must cancel appointment at least 24 hours before scheduled appointment. Failure to do so will result in payment of deposit.**

**BY SIGNING THIS WAIVER I AGREE THAT:**

- I understand that results will vary among individuals. I understand that although I may see a change after my first procedure, I may require a series of sessions to obtain my desired outcome.
- The procedure and side effects have been explained to me including alternative methods, as have the advantages and disadvantages.
- I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the procedure. I am aware that microneedling procedure is not permanent and natural degradation may occur over time.
- I state that I have read (or it has been read to me) and I understand this consent and I understand the information contained in it.
- I have had the opportunity to ask any questions about the procedure including risks or alternatives and acknowledge that all my questions about the procedure have been answered in a satisfactory manner. This consent form is valid until all or part is revoked by me in writing.
- I understand the SkinPen procedure and I accept the risks, and possible side effects of the treatment.
- I understand that I may experience some redness, flushing, dryness, sensitivity, and tightness after procedure.
- I grant Niecy's Wellness and Medical Spa permission to perform SkinPen microneedling, and I do not hold them responsible for any adverse health reactions.
- I will make Niecy's Wellness and Medical Spa aware of any changes to my medical history before every subsequent treatment.
- I acknowledge that this consent will cover this treatment as well as subsequent treatments I may have.
- At Niecy's Wellness and Medical Spa, we ask that you obtain primary care physician clearance before any treatment

I understand that results will vary among individuals. I understand that although I may see a change after my first procedure, I may require a series of sessions to obtain my desired outcome. The procedure and side effects have been explained to me including alternative methods, as have the advantages and disadvantages. I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the procedure. I am aware that microneedling procedure is not permanent and natural degradation may occur over time. I state that I have read (or it has been read to me) and I understand this consent and I understand the information contained in it. I have had the opportunity to ask any questions about the procedure including risks or alternatives and acknowledge that all my questions about the procedure have been answered in a satisfactory manner. This consent form is valid until all or part is revoked by me in writing.



# NIECY'S

## WELLNESS & MEDICAL SPA

**LIMITATION OF LIABILITY:** You agree, acknowledge, and voluntarily assume the risk of injury, accident or death which may arise from the use of SkinPen Microneedling. I and any of my heirs, executors, representatives, or assigns hereby release all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of hot tub/sauna and from any advice provided by an employee, independent contractor, or any representative. I agree that this disclaimer and consent is in effect for all SkinPen Microneedling Facial sessions and will not expire unless specifically requested by either party. I understand that if any new health conditions and/or medication changes are made, I will consult with my primary care doctor to be cleared again before further use. I further understand that the employees and practitioners at Niecy's Wellness and Medical Spa are not medical doctors and are not attempting to portray or conduct the activities of a medical doctor. I have carefully read the above safety instructions for using SkinPen Microneedling. I fully understand them and fully agree to comply with instructions. I will consult with the staff of Niecy's Wellness and Medical Spa if I have further questions.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

If under the age of 18- PARENT GUARDIAN

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRACTITIONER NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

MEDICAL DIRECTOR NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_