



Microneedling / BB Glow/ Vampire Facial Needling Consent Form

Client name:

Date of birth

Method of action - Microneedling uses multiple needles to create tiny punctures in the skin. This stimulates the body's own healing response, which in turn stimulates the production of new collagen helping to improve skin texture, fine lines and wrinkles, acne scarring and other scars.

Photos – Photos of the area being treated will be taken for practitioner records and will not be used for any other purposes.

Possible side effects

- After treatment, it can take several days for the skin to heal and return to normal. Generally, this will be 3-4 days. The following may be experienced:
Temporary localised redness and very mild swelling. This may be prolonged if you are taking any medication that can affect platelet function and bleeding times.
- Bruising and the skin appearing scratched or grazed is possible. Bruising may be more likely around the eye area.
- Sensitivity to touch, irritation, itchiness.
- Dryness and milk flaking of the skin.
- Hyperpigmentation of treated areas is uncommon but possible.
- Aggressive treatment can result in scarring.
- Although unlikely, it is possible that those who suffer with psoriasis, eczema, vitiligo and other skin conditions in areas not to be treated can develop new patches at site of treatment.

Aftercare

It is important to allow your skin to heal without harsh products. The evening of the treatment, if you wish to wash your skin, do so very gently and with a light cleanser such as Avene gentle cleanser or micellar water. Do not scratch or pick the skin whilst it heals. Doing so may result in pigmentation. Do not use heavy make-up for at least 24 hours. Mineral based make-up may be worn to enable the skin to breathe whilst healing. Do not use make-up in any areas of broken skin. Use sun protection minimum SPF 30 and avoid strong direct sunlight for 2 weeks. Wait until the skin has fully healed before restarting any topical glycolic.

I have read and understood the above information and discussed the risks and benefits of potential treatment with my practitioner.

Date:	Client Signature:	Practitioner Signature

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