

Medical Aesthetics Institute

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MICRONEEDLING MODEL INTAKE FORM

Please complete all sections prior to your appointment. All information is confidential.

1. CLIENT INFORMATION

Full Name: _____ Date of Birth: _____
Phone Number: _____ Email Address: _____
Emergency Contact Name & Phone: _____

2. MEDICAL HISTORY

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Pregnancy or breastfeeding | <input type="checkbox"/> Keloid or hypertrophic scarring |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Active infections (viral, bacterial, fungal) |
| <input type="checkbox"/> Autoimmune disease (e.g., lupus, rheumatoid arthritis) | <input type="checkbox"/> Herpes simplex (cold sores) |
| <input type="checkbox"/> Cancer (past or present) | <input type="checkbox"/> Skin conditions (eczema, psoriasis, rosacea) |
| <input type="checkbox"/> Blood disorders / clotting issues | <input type="checkbox"/> Heart conditions |
| <input type="checkbox"/> Allergies (please specify): _____ | |
| <input type="checkbox"/> Other medical conditions: _____ | |

3. MEDICATIONS & TOPICALS

Are you currently taking any medications? Yes No If yes, list: _____

- Accutane (Isotretinoin) within the last 6–12 months
- Blood thinners (aspirin, warfarin, etc.)
- Steroids (topical or oral)
- Retin-A / Retinol / Tretinoin (within last 5–7 days)
- Antibiotics

4. SKIN HISTORY

Fitzpatrick Skin Type: I II III IV V VI

Current skincare routine: _____

Have you had microneedling before? Yes No

Have you had chemical peels, lasers, or resurfacing recently? Yes No

Do you experience:

- Acne (active)
- Fine lines / wrinkles

- Acne scars
- Enlarged pores

- Hyperpigmentation / melasma
- Stretch marks

5. CONTRAINDICATION SCREENING

(Technician to review)

DO NOT TREAT IF ANY OF THE FOLLOWING APPLY:

- Active acne lesions or infection
- Open wounds or compromised skin barrier
- Recent Accutane use (within 6–12 months)
- Uncontrolled diabetes
- Active herpes outbreak
- History of poor wound healing

6. TREATMENT GOALS

What are your primary concerns?

- Anti-aging
- Acne scarring
- Skin texture
- Pigmentation
- Stretch marks
- Hair restoration

Client expectations: _____

7. INFORMED CONSENT

I understand that microneedling is a cosmetic procedure that involves controlled micro-injuries to the skin.

I acknowledge:

- Results vary and multiple sessions may be required
- Temporary redness, swelling, and sensitivity may occur
- Risk of infection, irritation, or pigmentation exists
- I will follow all pre- and post-care instructions
- I consent to treatment
- I consent to photos for documentation

Client Signature: _____ Date: _____

8. PRE & POST CARE AGREEMENT

Pre-Care:	Post-Care:
<ul style="list-style-type: none">• Avoid sun exposure, retinol, and exfoliants 3–5 days prior• No waxing or harsh treatments	<ul style="list-style-type: none">• No makeup for 24 hours• Avoid sweating, heat, and sun exposure• Use gentle skincare and SPF

Client Initials: _____