

Glow With Gigi

Microneedling Pre-Appointment Form

Provider: Angie Crater
Private Home Studio
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Client Name:	
Date of Birth:	
Phone / Email:	
Appointment Date:	

Skin & Medical History

1. Have you had any recent cosmetic procedures (chemical peels, Botox, fillers, laser treatments)?

2. Do you have a history of cold sores, keloid scarring, eczema, or psoriasis?

3. Are you pregnant, nursing, diabetic, or taking any medications (including blood thinners)?

4. Do you have any allergies (especially to lidocaine, numbing agents, or skincare ingredients)?

5. Have you used Accutane (isotretinoin) in the last 6 months?

6. Have you experienced prolonged sun exposure or sunburn in the past 2 weeks?

7. What is your current skincare routine (cleanser, moisturizer, actives, etc.)?

Lifestyle Factors

1. How much water do you typically drink per day? _____

2. How often are you exposed to the sun or tanning beds? _____

3. Do you currently smoke or vape? _____

4. How often do you exercise per week? _____

Pre-Care Instructions Acknowledgment

_____ I have avoided direct sun exposure, tanning beds, and sunburn within 48 hours before my appointment.

_____ I have not used retinol, glycolic acid, or exfoliating products for at least 5 days before treatment.

_____ I have not taken Accutane within the past 6 months.

_____ I have not consumed alcohol or caffeine within 24 hours prior to my appointment.

_____ I have not had any cosmetic injectables or facial waxing within 1 week prior to treatment.

Client Signature:		Date:	
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Note: Please arrive **10 minutes early** and with a **clean, makeup-free face**. Avoid heavy moisturizers or SPF immediately before your appointment.