



MICRONEEDLING

CLIENT CONSULTATION FORM

Appointment Day & Time:

MM DD YYYY	HH:MM
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Please fill out this form on your first appointment.
Your answers will better help us to meet your needs and ensure that you have a happy and satisfying experience.

Full Name

Address

Zip / Postal Code

State / Province

City

Date of Birth

Phone

Email

Health Care Provider

Have you ever had microneedling before?

☐ Yes ☐ No

If yes, when was that?

CONSENT FOR MICRONEEDLING

I _____ understand the following in regards to my treatment that I will be receiving today.

- No guarantee can be given to me as to the condition of my skin or degree of improvement expected following treatment.
- I understand that multiple treatments and the use of the recommended home skin care maintenance are required to achieve optimal results.

Description of the Procedure:

Skin needling system allows for controlled induction of the skin's self-repair mechanism by creating micro "injuries" in the skin which triggers new collagen synthesis yet does not pose the risk of permanent scarring. The result is smoother, firmer and younger looking skin. Skin needling procedures are performed in a safe and precise manner with the use of a sterile needle head. The procedure is normally completed within 30-60 minutes depending on the required treatment.

Side Effects:

After the procedure, the skin will be red and flushed on appearance, similar to a moderate sunburn. It may also experience skin tightness and mild sensitivity to touch on the treatment area. This will diminish greatly within a few hours following treatment and over the next 2 hours.

Contraindications

- ☐ Keloid scars
- ☐ Psoriasis and other chronic conditions
- ☐ History of actinic (solar) keratosis
- ☐ Herpes Simplex infections
- ☐ History of diabetes
- ☐ Presence of raised moles
- ☐ Warts on targeted area
- ☐ Scleroderma
- ☐ Collagen vascular diseases or cardiac abnormalities
- ☐ Blood clotting problems
- ☐ Active bacterial or fungal infection
- ☐ Immune suppression
- ☐ Scars
- ☐ Pregnant or nursing
- ☐ Smoker

Microneedling post care instructions:

Stay out of the sun for one week.

No sunblock or makeup for 24 to 48 hours.

No gym/working out for one week.

No scrubs or exfoliation for one week.

No tanning or tanning beds.

No touching face with dirty hands.

Stay away from unclean environments.

No intensive facials, chemical peels, or laser for 28 days.

Follow the recommended home skin care regimen.

After 48 hours you may wear sunblock.

By signing below, I verify that I have read and understand the
above statements and agree to them.

Client Name (Printed)

Client Signature

Date (Month/Day/Year)

Aesthetician

PHOTO/VIDEO CONSENT FORM

I, _____, hereby grant permission to the rights of my image, likeness and sound of my voice as recorded in audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed. I waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

PHOTOGRAPHIC, AUDIO, OR VIDEO RECORDINGS MAY BE USED FOR THE FOLLOWING PURPOSES:

- Educational presentations or courses
- Informational presentations
- Online educational courses
- Educational videos
- Promotional materials

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the internet or in the public educational setting.

☐

I will be consulted about the use of the photographs or video recordings for any purpose other than those listed above.

☐

There is no time limited in the validity of this release nor is there any geographic limitation on where these materials may be distributed.

☐

This release applies to photographic, audio, or video recordings collected as part of the sessions listed on this document only.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Client (Printed Name)

Client Signature

Date

PRECAUTIONARY COVID-19

LIABILITY RELEASE FORM

Due to the 2019 - 2020 pandemic of the coronavirus (COVID-19), we are taking extra precautions as we proceed with each client. We will be implementing additional sanitation and disinfecting practices. Please read, complete the following, and sign below.

SYMPTOMS OF COVID-19 INCLUDE AND ARE NOT LIMITED TO:

- FEVER
- SORE THROAT
- FATIGUE
- BODY ACHES / PAIN
- SHORTNESS OF BREATH
- HEADACHE
- DRY COUGH

I, _____, AGREE TO THE FOLLOWING:

_____ I agree to have my temperature taken and to reschedule my appointment if my temperature exceeds the normal range of 96 – 99 Degree Fahrenheit.

_____ I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced symptoms listed above within the last 14 days.

_____ I affirm that I, as well as all household members, have not traveled outside of the country, or to any known COVID-19 "hot spot" states in the last 30 days.

_____ I agree to wear a protective mask for the duration of my visit.

_____ I understand my technician will not be liable for any exposure to the virus or any other contagion during my visit.

_____ I affirm my procedure is elective and in no way medically necessary. I chose to be here on my own free will.

My signature below indicates I agree to each of the above statements and release my technician and the business from any and all liability for the unintentional exposure to COVID-19 virus.

Client Signature

Date

Your technician and all employees of this facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to more thoroughly prevent the spread of COVID-19 and other communicable conditions.