

# Microneedling

## Client Service Consent Form



Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_

I \_\_\_\_\_ hereby give my consent to undergo Collagen Induction Therapy (Micro-needling) treatments provided by my esthetician, Bhumika Talla.

### Initial Below:

\_\_\_\_\_ I understand this technique involves the introduction of fine needles to the skin. The purpose is to create micro channels in the skin allowing the infusion of active ingredients (such as Vitamin C, hyaluronic acid and to penetrate deeply and effectively into the dermis, nourishing the skin and stimulating the regrowth of collagen. A series of 4 to 6 treatments are recommended and the frequency will depend on the intensity and depth of the needle.

\_\_\_\_\_ I understand that the treatments require many small injections on the areas to be treated.

\_\_\_\_\_ I understand that the administration of numbing creams may be used if needed.

### Micro-needling is not suitable in these circumstances:

- Have used Accutane (isotretinoin) within the last year.
- Have open wounds, cuts or abrasions on the skin
- Have had radiation treatment to the skin within the last year
- Have any kind of current skin infection, condition, herpes simplex in the area to be treated
- Are pregnant or breastfeeding
- Have any history of keloid or hypertrophic scars or poor wound healing

\_\_\_\_\_ I understand that there are some risks with any procedure. The following are possible reactions with microneedling: temporary bruising, skin discomfort during injections, redness or swelling, lightening or darkening of the skin, itching and burning. Skin infection is a possibility anytime an injection or surgical procedure is done. Side effects are most of the time temporary and typically resolve within 3 days. Total healing time depends on the depth of treatment, skin type, and skin condition, and some patients may heal completely in 24 hours.

By my signature, I certify that I have thoroughly read and understood the contents of this form and the disclosures listed above were made to me. I acknowledge that no promises or guarantees have been made to me as a result of the treatment.

I am aware that the results achieved by this treatment may vary from person to person. Some patients typically notice an immediate glow, but visible Improvement will take about 2-4 weeks and can continue for up to 6 months. I have read potential risks that have been explained to me and I accept them.

I hereby give my voluntary consent to have the treatment performed on me.

Permission is granted to take before and after photos of my eyes / face which may be used for any type of marketing purposes (websites, social media, salon, etc...): Circle One: **YES** **NO**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

# Client Medical History Form

- ☐ Yes ☐ No – History of MRSA
- ☐ Yes ☐ No – Botox (Last Treatment: \_\_\_\_\_)
- ☐ Yes ☐ No – Diabetes
- ☐ Yes ☐ No – Hepatitis (A, B, C, D)
- ☐ Yes ☐ No – Forehead/Brow Lift
- ☐ Yes ☐ No – Easy Bleeding
- ☐ Yes ☐ No – Face Lift
- ☐ Yes ☐ No – Alcoholism
- ☐ Yes ☐ No – Abnormal Heart Condition
- ☐ Yes ☐ No – Take meds before Dental work
- ☐ Yes ☐ No – Chemical Peel (Last Treatment: \_\_\_\_\_)
- ☐ Yes ☐ No – Pregnant now / Breastfeeding now
- ☐ Yes ☐ No – Brown or Lash Tinting
- ☐ Yes ☐ No – Autoimmune Disorder
- ☐ Yes ☐ No – Oily Skin
- ☐ Yes ☐ No – Cancer (Year: \_\_\_\_\_)
- ☐ Yes ☐ No – Accutane or acne treatment
- ☐ Yes ☐ No – Chemotherapy / Radiation
- ☐ Yes ☐ No – Tan by booth or sun
- ☐ Yes ☐ No – Tumors / Growths / Cysts
- ☐ Yes ☐ No – Difficulty numbing with dental work
- ☐ Yes ☐ No – Taking blood thinners such as: Aspirin, Ibuprofen, Alcohol, Coumadin, etc. (List below)

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☐ Yes ☐ No – Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl alcohol, Carbopol, Lecithin, Propylene glycol, Vitamin E Acetate, etc. (List below)

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☐ Yes ☐ No – Allergies to metals, food, etc. \_\_\_\_\_

☐ Yes ☐ No – Any Diseases/Disorders not listed: \_\_\_\_\_

☐ Yes ☐ No – Do you use skin care products containing Retin-A, glycolic acid, or alpha hydroxyl?

Please list medication or vitamins currently taking: \_\_\_\_\_

I agree that all the above information is true and accurate to the best of my knowledge

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Microneedling & Needle Free Skin Infusion Therapy

## Pre-Treatment Instructions

### PREPPING SKIN:

1. Use cellular turnover treatment daily at bedtime for 2 weeks. Discontinue application 1 week prior to treatment.
2. Apply Vitamin C serum at bedtime for 2 to 3 weeks.
3. Avoid sun exposure or tanning bed at least 4 weeks prior to treatment and during the treatment process.
4. Do not exercise the day before or for 48 hours after the injection treatment.
5. Avoid caffeine containing food or beverages on the day of treatment.
6. Avoid medications such as Aleve, Advil, cold remedies, Vitamin E or Aspirin 5 days prior to treatment.
7. Avoid Retin-A, chemical peels, injectable fillers or Botox two weeks prior to treatment
8. Use a sunblock with an SPF 30 plus with UVA/UVB broad spectrum protection.
9. Start Arnica 3 days prior to treatment as directed.
10. Apply topical anesthetic cream 1 hour prior to procedure and reapply if necessary.
11. Day of treatment, wear comfortable clothing. Your top should button or zip rather than pull over head.
12. Notify a medical aesthetician if you get cold sores. You will require an antiviral prescription to avoid any breakout after treatments.
13. If you have any open cuts, wounds, abrasions or burning acne or cold sores breakout we cannot perform the procedure.
14. Eat a healthy diet, whole food vitamins and daily omega-3 fish oil. It is also advisable to take 1,000 mg of vitamin C and 2000 iu. of Vitamin D3. This ensures an increase in vitamins internally and externally and will greatly aid in the healing process.
15. Drink eight glasses of water / non-califruits per day

## Post-Treatment Instructions

### WHAT TO BE EXPECTED:

- **Day 1:** skin will be arithmetic and flushed after treatment, depending on the intent of the treatment. Pinpoint bleeding may occur. Do not apply makeup for at least 12 hours.
- **Day 2:** a rather Pink hue persists like moderate sunburn. Swelling and slight bruising may be more noticeable on the second day. Minor scratches may be visible. Apply moisturizer as needed.
- **Day 3:** Skin can be pink or normal color. Swellings subsides. The skin can feel dry or feel tight. A slight outbreak of acne or milia (tiny white bumps) is possible. Light peeling usually occurs in about 3 days and will be replaced with brand new skin.

### HOME CARE:

1. Wash with gentle cleanser using your fingers only. Gently massage the face with lukewarm water. Remove serum and other debris such as dried blood. Do not scrub, use a washcloth or a Clarisonic brush. Cleanse areas treated twice a day. Do not use exfoliating products for 72 hours.
2. Cold compresses may be applied following treatment for comfort. If neck or décolletage are treated, the redness might last slightly longer.
3. Apply 1% hydrocortisone cream or Benadryl spray or gel on treated areas to reduce itching or redness.
4. Continue taking Arnica Montana up to 7 days after each treatment to decrease bruising and inflammation.
5. Do not exercise for 24 hours after treatment.
6. Avoid saunas, steam rooms, hot baths or showers until the redness is gone.
7. Continue to avoid sun exposure to the treatment areas and apply a broad spectrum sunblock with SPF minimum of 30. Apply at least 30 minutes prior to sun exposure and repeat after every 2 hours of Sun exposure.
8. After 2 to 3 days patients can return to regular skin care products or as soon as it's comfortable to do so. Mineral makeup may be applied the following day.
9. Avoid strenuous exercise for two to three days after treatment.
10. Avoid waxing, facials, botox, injectable fillers or any other skin care treatment 2 weeks after treatment.
11. New cell regeneration requires at least 6-8 glasses of water a day (if you already drink that - increase by 2 glasses).