

Microneedling Informed Consent

Client Name: _____ Date: _____

Reason for visit: _____

Changes in Medical History/Medications: Yes _____ No _____ Client Initials: _____

If yes, please list: _____

Are you pregnant, immune-compromised, or currently taking Coumadin, Warfarin, or Heparin?

Yes: _____ No: _____ Client Initials: _____

Recent Botox/Fillers: Yes /When _____ No _____ Client Initials _____

Did you understand the consent form, and do you now consent to treatment?

Yes, I understand and consent _____

Client Signature

Date

Microneedling is a cosmetic procedure that involves using a handheld device with small needles to create tiny punctures in the skin. This is done to stimulate collagen production and improve the appearance of fine lines, wrinkles, acne scars, and other skin imperfections.

The information about skin conditions provided herein does not constitute medical or pharmaceutical advice and should not be relied upon as a substitute for qualified medical consultation with health professionals. The information is not meant to diagnose, treat, cure, or prevent any disease and is not intended for self-diagnosis or self-treatment of medical conditions that should be managed by a qualified healthcare provider. Esthetic Education LLC, SkinStylus®, and Damn Near Perfect Laser and Skin Spa do not assume liability for the use or interpretation of information contained herein.

Microneedling Consent Form

Although we take every precaution to ensure your safety and well-being before, during, and after your service, please be aware of the possible risks below. ***Please initial***

_____ The Client understands that the number of microneedling treatments required varies and that several treatments may be needed.

_____ The Client understands that there may be some degree of discomfort, i.e., scratchiness, itchiness, irritation, stinging, and hotness.

_____ The Client understands that it is normal for the treated area to appear red with slight swelling after the treatment, like mild-moderate sunburn, which can last for up to 4 days following treatment. There may also be temporary very mild bruising.

_____ The Client understands that there is no guarantee to this procedure and understands to achieve maximum results, they will need maintenance treatments and the use of daily products over some time.

_____ The Client understands that exposure of a recently treated area to strong sunlight should be avoided and that we advise the use of an SPF of 30 or higher.

_____ The Client confirms that they have informed this clinic of all their medical details relevant to this treatment and will update these throughout the treatments should any details change.

_____ The Client confirms that they have understood all the information given regarding this treatment during the consultation and that any questions they have had have been answered satisfactorily.

_____ The Client acknowledges that they have read and fully understood this document before signing.

_____ The Client agrees to have the treatment outlined above, including the use of topical anesthetic if required and will follow all prescribed directions regarding post-procedure care and home care.

_____ The Client understands there are other treatment options available, including doing no treatment at all.

Client Name _____

Client Signature _____ **Date** _____

Yes, I understand and consent.

Microneedling

General Information

Potential side effects may include redness, swelling, burning, and skin sensitivity. This could last 1-3 days. If you feel that you are having a problem, please call our office so that we may assist you. Edema (swelling) is expected immediately post-treatment and generally resolves within 24 hours, but can persist longer, there may be some mild to moderate peeling of the skin noticed after the treatment. Patients may experience a significant redness in the treatment area for up to 3-7 days after treatment. This redness may persist longer in treatment areas other than the face. As with any treatment, the response, results, and healing after a microneedling treatment varies with each individual and a specific outcome is not guaranteed.

Procedure Details

- The microneedling procedure will be performed using a skin stylus device, which has a series of tiny needles that penetrate the skin.
- The procedure will take approximately 30-45 minutes to complete.
- Before the procedure, the skin will be cleansed and numbed with a topical anesthetic cream.
- After the procedure, the skin may be red and swollen for up to 24-48 hours. You may experience some mild discomfort during and after the procedure.
- It is important to avoid sun exposure and to use sunscreen for several weeks following the procedure.

Risks and Benefits

- Microneedling with a Skin Stylus device is generally considered safe, but there are risks associated with any medical procedure. These may include bleeding, infection, scarring, and changes in skin color.
- The potential benefits of microneedling include improved skin texture, reduction in fine lines and wrinkles, and improved appearance of scars and other skin imperfections.
- Confidentiality:
- All information collected during this procedure will be kept confidential and used only for research.
- Your participation in this procedure is voluntary, and you may withdraw at any time.

Client Signature _____ **Date** _____

Contraindications

- Active acne: Microneedling can spread bacteria and irritate active acne, making it worse. It is best to wait until the acne has cleared before undergoing microneedling.
- Open wounds: Microneedling should not be performed on areas of the skin with open wounds or cuts.
- History of keloid scarring: Individuals with a history of keloid scarring should avoid microneedling, as it can increase the risk of scarring.
- Active eczema or psoriasis: Microneedling can irritate eczema or psoriasis, making it worse. It is best to wait until the condition has cleared before undergoing microneedling.
- Blood disorders: Individuals with bleeding disorders or who are taking blood-thinning medications may not be suitable candidates for microneedling, as it can increase the risk of bleeding and bruising.
- Pregnancy: Microneedling has not been extensively studied in pregnant women, so it is generally not recommended during pregnancy.
- Skin infections: Microneedling should not be performed on areas of the skin with active infections, as it can spread the infection and make it worse.

It is important to discuss any medical conditions, allergies, or medications with your provider before undergoing microneedling to ensure that it is safe and appropriate for you.

Risks

The following side effects have been associated with microneedling

- Localized bleeding in the treatment area stops within 5 -10 minutes.
- Pain and discomfort on the first day after treatment
- Non-persistent inflammatory response, erythema, and edema in the first one to six days after treatment
- Skin irritation (e.g. itching or warming), which normally abates within 8 days.
- Temporary flaking or peeling of the skin, which clears after 8 days.

In addition to the common non-serious side effects, the following side effects have been reported:

- Formation of blisters caused by the herpes simplex virus type 1 (HSV-I). Prophylactic anti-viral is recommended for patients with a history of HSL.
- Formation of small pustules or milia within the first days after treatment
- Hyperpigmentation with endogenous pigments, on darker skin types, but generally disappears completely within six months.
- Persistent inflammatory response, hematoma, erythema, and edema lasting longer than five days.

Client Signature _____ **Date** _____

Microneedling Pre and Post Care

PRE-CARE

- **Avoid sun exposure:** Sun exposure can damage the skin and increase the risk of complications during and after the procedure. It is important to avoid direct sun exposure for at least two weeks before the procedure. If you must go outside, wear a wide-brimmed hat, and apply sunscreen with an SPF of 30 or higher.
- **Avoid certain medications:** Certain medications, such as blood thinners and retinoids, can increase the risk of bleeding and skin irritation during the procedure. Consult with your healthcare provider about whether to temporarily stop these medications before the procedure.
- **Avoid certain skincare products:** Avoid using exfoliating products, such as scrubs and acids, for at least one week before the procedure. These products can make your skin more sensitive and increase the risk of skin irritation during the procedure.
- **Stay hydrated:** Drink plenty of water in the days leading up to the procedure to keep your skin hydrated and healthy.
- **Let your provider know of any allergies:** Inform your provider of any allergies or sensitivities you may have, so they can use the appropriate products during the procedure.
- **Keep your skin clean:** Make sure to cleanse your skin thoroughly before the procedure to remove any makeup, dirt, or oils.
- **Arrive with a clean face:** Arrive for the procedure with a clean, makeup-free face.

POST CARE

- Patients should take extra precautions to guard against sun exposure immediately following the procedure, as they may be more sensitive the first 48 hours following the treatment. You must use mild sunscreen with an SPF of at least 30 and avoid any direct sunlight during treatment.
- To achieve the best results and to protect your skin, sunblock is recommended as part of your everyday skincare routine.
- Do not use skin exfoliants or scrubs for 10-14 days after treatment.
- No heat exposure (hot tubs, saunas, steam, or excessive exercise) for a minimum of 48 hours after treatment.
- Please clean anything that may encounter your face (phones, glasses) with alcohol pads and change your pillowcase tonight. We want to keep your face or treatment area as clean as possible to lessen breakouts.
- You should keep your skin free of any makeup or additional products not applied after the treatment for a minimum of 12 hours.

By signing below, I acknowledge that I have read and understand the above information, and I give my consent to participate in the microneedling procedure using a skin stylus device.

Client Signature _____ **Date** _____