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

**Micro-Needling Client Information and Consent Form**

* ﻿﻿Your esthetician has recommended a Micro-Needling treatment for your skin. The Dermapen offers a new way for minimal invasive percutaneous collagen induction therapy in the field of esthetic skin therapy. The application leads to a lot of very small punctual incisions into the skin, which starts a healing cascade which can also be observed during. The cells release growth factors directly after the treatment, stimulating the production of collagen, elastic fibers and hyaluronic acid. This leads to an improvement of the appearance of the skin.
* ﻿﻿The field of Micro-Needling includes wrinkles, scars (acne scars, surgical scars, burn scars,..) and stretch marks.
* ﻿﻿The following pages contain all important information regarding the Micro-Needling treatment, questions about your physical health and a consent form for the treatment.

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clarification and Informed Consent**

After a detailed clarification through the esthetician I wish to have a Micro-Needling treatment (and if necessary also further treatment) of the following area:

* I understand that the fine needles induce the production of new body's own collagen.
Therefore the needles penetrate the epidermis (top layer of the skin) and cause micro injuries. Due to the wound healing process a lot of different healing factors are released in the skin. This leads to formation of collage- and elastin fibers under the skin surface.
This process will take place during 4-12 Weeks after the treatment. For an optimal result more than one treatment will be necessary.

**Initial Here:\_\_\_\_\_\_\_\_\_\_\_**

* I understand that the treatment can have the following side effects: Redness and swelling: During the first days after the treatment redness and swelling can occur. This is because the needle penetration does force micro lesions which will disappear during the healing process. The wounds will be closed very quickly and about three hours after the treatment an appropriate makeup can be used. Keloid: If you have the tendency to form keloid scars, the micro lesions which are caused during the Micro-Needling can also lead to keloids. Hyperpigmentation: It is very rare but possible that hyperpigmentation occurs in the treated skin area, e.g. after excessive sun exposure. A sun protection factor of 30+ can prevent this. Herpes simplex: If you already suffered from herpes simples, the Micro-Needling treatment can force it once more. A premedication can prevent this. In some rare cases granuloma faciale may occur-granuloma faciale is characterized by inflammatory cells in the dermis including eosinophils (allergy cells) and vasculitis (inflamed blood cells). Furthermore Hematomata (bruises), Inflammation, Itching and moderate pain can occur after the treatment.

**Initial Here: \_\_\_\_\_\_\_\_\_\_\_**

* I understand that it is important to keep out of the sun after the treatment to avoid hyperpigmentation (also no solarium). If I stay outdoors during sunny weather it is recommended to use a hat and sun protection with at least SPF 30.

**Initial Here: \_\_\_\_\_\_\_\_\_\_\_**

* I understand that inflammation of the skin after the treatment happens very seldom but is possible.

**Initial Here: \_\_\_\_\_\_\_\_\_\_\_**

* Herewith I confirm that pictures of the treated area can be taken to document the results. These pictures are owned by Blissful Journey Day Spa can use them for the purpose of presentations or for advertisement.

**Initial Here: \_\_\_\_\_\_\_\_\_\_\_**

**Questionnaire**

Are you suffering from skin disease or other disease? Yes [ ]  No [ ]

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you under dermatological treatment? Yes [ ]  No [ ]

If yes, please specify the reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you suffering from skin cancer or actinic keratosis Yes [ ]  No [ ]

in the areas that should be treated?

Are you suffering from active acne? Yes [ ]  No [ ]

Are you suffering from warts or herpes simples? Yes [ ]  No [ ]

Are you developing hyper pigmentation after infections of the skin? Yes [ ]  No [ ]

Are you going through a radiation or chemotherapy treatment at the moment? Yes [ ]  No [ ]

Are you suffering from uncontrolled diabetes mellitus (wound healing disorder)? Yes [ ]  No [ ]

Are you under drug medication? Yes [ ]  No [ ]

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you ingesting hormonal drugs? Yes [ ]  No [ ]

Are you ingesting cortisone? Yes [ ]  No [ ]

Are you ingesting anticoagulant drugs (Aspirin, Marcumar)? Yes [ ]  No [ ]

Have you had a laser treatment, microdermabrasion, or facial treatments with fruit acid?

If yes, please specify the date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes [ ]  No [ ]

Have you had a filler treatment? Yes [ ]  No [ ]

If yes, please specify substance and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you using Vitamin A Acid or are you ingesting Isotretinoin (Accutane)? Yes [ ]  No [ ]

Are you tending to Keloid formation or are there family members who tend to? Yes [ ]  No [ ]

Are you protecting your skin regularly from the sun? Yes [ ]  No [ ]

Are you pregnant? Yes [ ]  No [ ]

Do you have history of Eczema, Psoriasis, Rosacea? Yes [ ]  No [ ]

Herewith I confirm that I will do my best to follow the directions of the esthetician before, during, and after the treatment. I understand that it is important to obey the directions and to show up for the follow up appointment to get an optimal result.

**Initial Here: \_\_\_\_\_\_\_\_\_\_\_**

The treatment and the possible side effects have been explained to me and I had the opportunity to get all my questions answered to my full satisfaction. I understand that the purpose of the treatment is to improve the appearance of the skin. It is possible that the intended improvement will not lead to my expected result and that my expectations will not be reached.

**Initial Here: \_\_\_\_\_\_\_\_\_\_\_**

With my signature I confirm, that my personal data as well as the answers to my medical history are correct and to the best of my knowledge.

**Initial Here: \_\_\_\_\_\_\_\_\_\_\_**

My clinical history has been discussed and possible contraindications have been precluded. During the last 4-6 months prior to the treatment I have not gone through dermabrasion, surgery, or radiation therapy in the treatment area.

**Initial Here: \_\_\_\_\_\_\_\_\_\_\_**

I confirm that all my questions have been discussed and that I profound information about effect. treatment method, and possible side effects.

**Initial Here: \_\_\_\_\_\_\_\_\_\_\_**

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

**Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**