Microneedling Consent

Informed consent for microneedling (collagen induction therapy) treatments

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Treatment Details

Microneedling Device *

- [ ] SkinPen
- [ ] Dermapen
- [ ] Morpheus8 (RF Microneedling)
- [ ] Vivace
- [ ] Other

Treatment Areas *

- [ ] Full face
- [ ] Neck
- [ ] Decolletage
- [ ] Hands
- [ ] Stretch marks
- [ ] Acne scars (specific area)

Add-On Serums (if applicable)

- [ ] PRP (Platelet Rich Plasma)
- [ ] Hyaluronic acid serum
- [ ] Growth factor serum
- [ ] Vitamin C serum
- [ ] None

Health Screening

Do you currently have active acne, rosacea flare, or skin infection in the treatment area? *

- [ ] Yes
- [ ] No

Do you have a bleeding disorder or are you on blood thinners? *

- [ ] Yes
- [ ] No

Do you have a history of keloid or hypertrophic scarring? *

- [ ] Yes
- [ ] No

Are you currently pregnant or nursing? *

- [ ] Yes
- [ ] No

Have you had any of the following in the past 2 weeks?

- [ ] Chemical peel
- [ ] Laser treatment
- [ ] Waxing
- [ ] Sunburn
- [ ] None of the above

Risks & Aftercare

What to Expect:
- Redness and mild swelling similar to a sunburn for 24-72 hours
- Slight pinpoint bleeding during treatment (normal)
- Skin may feel tight, warm, and sensitive
- Minor peeling or flaking for 3-5 days

Potential Risks:
- Prolonged redness or swelling
- Bruising
- Infection (if aftercare not followed)
- Post-inflammatory hyperpigmentation
- Scarring (rare)
- Allergic reaction to topical serums
- Breakout or milia

Aftercare:
- Avoid direct sun exposure and wear SPF 30+ for 2 weeks minimum
- No makeup for 24 hours
- No active skincare (retinoids, AHAs, vitamin C) for 72 hours
- Keep skin clean and hydrated
- Do not pick or scratch treated skin
- Avoid swimming, saunas, and intense exercise for 48 hours

I acknowledge the potential risks of microneedling and agree to follow all aftercare instructions provided.

I understand the risks and aftercare requirements: _____

Service Log

For office use only

	Date	Area	Depth (mm)	Passes
Entry 1				
Entry 2				
Entry 3				
Entry 4				
Entry 5				
Entry 6				

Consent & Signature

I consent to the microneedling procedure described above. I understand the risks, benefits, and alternatives. I have had the opportunity to ask questions and have received satisfactory answers. I agree to follow all pre and post-treatment instructions. I release the provider and practice from liability.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY