DATE OF

TREATMENT

\_\_\_\_\_\_\_\_\_\_\_\_

**COMPANY LOGO / COMPANY NAME / PRACTITIONER NAME**

CLIENT REF

\_\_\_\_\_\_\_\_\_\_

INFORMED CONSENT

MICRO-NEEDLING

Client Ref

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practitioner name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPANY LOGO / COMPANY NAME / PRACTITIONER NAME**

**MICRONEEDLING - TREATMENT INFORMATION**

**Treatment Introduction**

Microneedling is a skin regeneration treatment which may also be known as dermal rollering, skin needling or Collagen Induction Therapy. It is a technique, which triggers the healing mechanisms of the skin to naturally induce new skin tissue production as a means of addressing the skin ageing process. The development of new collagen, elastin and the water retaining hyaluronic acid is stimulated in the dermis to create a firmer more youthful skin tone while the cells of the epidermis are equally regenerated giving the complexion a finer and smoother texture. In addition this treatment will reduce pigmentation, fortify a thin, reactive skin, reduce acne and acne scarring and generally revitalise tired, lack lustre skin.

**Which devices do we use?**

The manual microneedling devices which will be used in your treatment are of the highest professional quality with needles made of Titanium or surgical steel These devices have been rigorously tested for safety and bear the CE Quality mark. All devices are single use, disposable items.

**How Microneeedling works**

The inflammatory and healing responses in the skin are triggered by the minute needle insertions into the skin causing the regeneration of new epidermal cells as well as the production of fresh collagen in the dermis. Compared to other more invasive procedures such as regenerative laser treatments or deep chemical peels the skin only has to heal itself around the area of each tiny wound as opposed to rebuilding the entire skin tissue in an area. This puts less strain on the regenerative processes and so a more efficient and in depth rejuvenation of the skin is achieved more quickly, with less downtime post treatment and with the minimum, if any risk, of tissue damage.

**What does the treatment involve? Does it hurt?**

You will initially have a topical local anesthesia applied to your skin in order to make the treatment very comfortable. This will be left on your skin for 30 – 45 minutes and the effects of this numbing cream will last about one hour thereafter – so long enough to last for the duration of the roller treatment but it will have worn off by the time you leave the training suite. The roller procedure itself is relatively quick, taking approximately 30 minutes in total. You will experience sensations from a mild pressure to a prickling sensation and your practitioner will monitor your level of discomfort carefully in order to adjust the treatment within your tolerance.

**What are the side effects?**

Microneedling treatments carried out professionally are very safe procedures, which carry minimal risk of adverse skin reactions. After the treatment your skin will appear flushed and feel warm – this will seem very similar to a mild sunburn. In the days following your treatment, depending on the intensity and depth of the procedure and the condition of your skin, you may experience a tight feeling and light flaking of the skin for 2 -3 days. It is vital that you follow all the necessary aftercare advice that your practitioner will give to you in order to nurture your skin through the recovery phase and ensure the most positive results. Failure to care for your skin post treatment mat result in your skin failing to heal properly and the skin can then suffer damage.

**COMPANY LOGO / COMPANY NAME / PRACTITIONER NAME**

**MICRONEEDLING - AFTER CARE ADVICE**

 Healing post treatment will almost certainly be a relatively trouble free period and within 4-8 weeks you will usually have full healing. You will however need to take extra care of your skin particularly in the first few days following treatment.

* After treatment your skin will show some normal reactions. The skin will be reddened, possibly a little inflamed and you may be aware of a change in skin sensation. This reaction will begin to subside within a few hours but it could take between 12-24 hours for this initial reaction to subside completely. In some cases it could take a little longer.
* You will also experience skin tightness along with a feeling of dryness as part of the normal reactions to this treatment. In some cases the skin may also flake a little in the first few days. Do not pick at any flaking skin it should be left to shed naturally.
* To assist the healing and skin renewal process, please do invest in and use the post treatment recommended products- an antioxidant serum, emollient, hydrator and sunscreen will be highly beneficial.
* Do wear a good sunscreen and keep out of direct sunlight for at least 48 hours and if possible avoid harsh weather for 24-48 hours after treatment. In particular **No sun**, harsh wind and cold.
* Please do not touch the skin unnecessarily immediately post treatment this will be important to avoid any post treatment infection.
* Please do not apply makeup immediately post treatment – In some cases mineral makeup can be worn but you must take extra care with removal. – Pat the skin dry –do not rub.
* Please do not use harsh perfumed, astringent, AHA or alcohol containing products in the area for 24-48 hours post treatment.
* Please do not go swimming or in chlorinated water for one week post treatment and please do not engage in any heavy exercise sessions for 24-48 hours after treatment.
* Please do not have any other clinical treatments for 1-4 weeks post treatment. Speak to your practitioner for exact advise on how best to combine other treatments you may be having or may want to start having. Treatments such as radio- frequency, any injectables, IPL, waxing, microdermabrasion, chemical peeling, facial steaming, or electrolysis will need to be planned carefully
* If you need to cleanse the skin later on the day of treatment use cool/warm water splashed onto the skin and pat dry with a clean towel and follow with the recommended products.
* Do not shave or use any after-shave type products over the area that has been treated for 12-48 hours post treatment.
* Please do not allow any pets to lick the area that has been treated- this is likely to lead to major infection.

**Client Confirmation**

I have read and understand the above instructions for the aftercare procedures I am required to follow. I accept responsibility for compliance with these instructions and understand that the results of the treatment procedure provided to me today will be negatively impacted if I act against this instruction.

I confirm that I have been given a copy of these instructions.

I have been provided with the practitioner’s contact details should I need to contact them in respect of my treatment or any concerns that I may have.

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

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IN THE CASE OF ANY CONCERNS OR QUESTIONS THAT YOU MAY HAVE FOLLOWING YOUR**

**TREATMENT PLEASE CONTACT**

**COMPANY / PRACTITIONER CONTACT DETAILS**

**COMPANY LOGO / COMPANY NAME / PRACTITIONER NAME**

**PHOTOGRAPH CONSENT FORM.**

**Photographs To Monitor Skin Change**

Taking pre and post treatments photographs to monitor treatment progress and success is a ‘best practice’ procedure.

We would like to request your permission and consent to take photographs and /or video for the purpose as described above. These photographs or video will be securely stored, kept confidential and access will only be permitted to authorised personnel.

Please sign and date below.

**I hereby give consent to the taking of photographs that will be used to monitor treatment progress and success only.**

 **Name (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**

**Photographs for Training / Marketing Purposes**

Pre and post treatment photos & video are really useful for us to use in our training and marketing materials and we would like to use your images for this purpose also. We would not give any personal information including names, unless your consent was specifically given.

We would like to request your permission and consent to use your photographs and video for the purpose described above. These photographs or video will be securely stored but used for training purposes only

Training Purposes Marketing Purposes

Please sign and date below.

**I hereby give consent to the use of the photographs & video taken of me for training purposes.**

**Name (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**

**GDPR CONSENT**

**I confirm that I have been advised of the company’s policy for GDPR Compliance, and my rights under this legislation, and consent to the secure storage of my data**

**Client Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**COMPANY LOGO / COMPANY NAME / PRACTITIONER NAME**

**INFORMED CONSENT TO MICRO-NEEDLING TREATMENT**

I can confirm that the information I have given on my Client Consultation form, which I have validated (or revalidated) on ……………….….(date), is, to the best of my knowledge complete and correct. I have fully disclosed all the information asked of me and have not withheld any known medical history or condition.

I understand that the conditions listed in the consultation form and consent form can make me unsuitable for the required treatment. It is my responsibility to inform my practitioner if my circumstances change, on each and every visit for treatment.

I understand that the person providing my treatment is training in the procedure I am to receive today

I have been fully informed about the procedure I am to receive including the possible side effects and the aftercare procedures I must follow. I have been given the opportunity to ask any question I may have and have received satisfactory answers to these questions.

I have been provided with the aftercare instructions relating to this procedure and understand that any failure on my part to adhere to these instructions could result in an adverse skin reaction, poor result or skin damage. I have been provided with an emergency contact telephone number / email address.

I freely assume responsibility for any risks of complications or injury from known or unknown causes associated with, relating to, or otherwise arising out of this procedure.

I understand that the General Medical Council advise that General Practitioners are kept fully informed about all treatments undertaken by their patients. Either I have informed my General Practitioner, or, in signing this form I am exercising my right not to inform my General Practitioner about the treatment I am about to undertake.

I have read and understood this consent form, all the above matters have been explained to me and my questions have been addressed and answered to my satisfaction.

**I hereby request and consent to the Micro-Needling treatment being undertaken.**

**Client Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Practitioner Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Tutor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**COMPANY LOGO / COMPANY NAME / PRACTITIONER NAME**

**CLIENT COPY**

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**MICRONEEDLING AFTER CARE ADVICE**

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