Studio name _____

Microneedling consent

This takes about four minutes. Your answers go to your studio, and your esthetician reads them before your session.

About you

Your name
First name

Last name

Date of birth (MM/DD/YYYY)

Mobile phone

Email

Emergency contact

Your skin type

Your skin

What would you like to work on?

☐ Breakouts ☐ Dryness ☐ Oiliness ☐ Sensitivity or redness ☐ Dark spots or uneven tone

☐ Texture or large pores ☐ Fine lines ☐ Nothing in particular, I'd like to relax

What do you use on your skin now? (cleanser, serums, sunscreen, prescriptions)

Health questions

These questions are the studio's own policy. They help your esthetician plan a safe appointment. They aren't medical advice: if you have a question about your health or your medicines, ask your doctor.

Are you pregnant or nursing?

☐ Yes ☐ No

Have you taken isotretinoin (Accutane or a similar acne medicine) in the last 6 months?

☐ Yes ☐ No

When did you stop?

Have you used retinol, a prescription retinoid (such as tretinoin, adapalene or tazarotene) or an exfoliating acid on your face in the last 7 days?

☐ Yes ☐ No

Which product, and when did you last use it?

Have you had a chemical peel, microneedling, laser, waxing or another skin treatment on your face in the last 14 days?

☐ Yes ☐ No

Which treatment, and when?

Have you had neuromodulator injections (like Botox) or fillers in the area in the last 14 days?

☐ Yes ☐ No

Do you have a skin condition on or near your face, such as eczema, psoriasis, rosacea, dermatitis or an open cut or rash?

☐ Yes ☐ No

What is it?

Do you get cold sores (fever blisters)?

☐ Yes ☐ No

When was the last one?

Is the area sunburned, or have you tanned it (sun, tanning bed or self-tanner) in the last few days?

☐ Yes ☐ No

Are you allergic or sensitive to any skincare ingredient, fragrance, nuts, latex or aspirin?

☐ Yes ☐ No

Which ones, and what happened?

Do you take a medicine that makes your skin sensitive to the sun, such as some antibiotics or acne medicines?

☐ Yes ☐ No

Which ones?

Do you take blood thinners, or aspirin, ibuprofen or fish oil regularly?

☐ Yes ☐ No

Which ones?

Do you have a bleeding or clotting disorder?

☐ Yes ☐ No

Which one?

Do you scar easily or form raised scars (keloids)?

☐ Yes ☐ No

Do you have diabetes, or a condition or medicine that slows healing or affects your immune system?

☐ Yes ☐ No

Tell us a little more.

Do you have an active breakout, an infection or an open sore on your face right now?

☐ Yes ☐ No

Have you reacted to numbing creams (such as lidocaine) or to metals like nickel?

☐ Yes ☐ No

What happened?

Anything else your esthetician should know about your health?

What you agree to

What to expect

Microneedling uses a device with fine, sterile, single-use needles that make tiny punctures in the skin. My skin may be numbed first. Pinpoint bleeding during the session and redness like a sunburn for a day to a few days after are common.

Initials ☐

Risks

Microneedling can cause swelling, bruising, dryness, breakouts, a reaction to the products used, a cold sore flare, infection, darker or lighter patches of skin, and rarely scarring. If my skin reacts I'll contact the studio, and my doctor for a medical concern.

Initials

Results
Results vary from person to person and from one visit to the next. The studio doesn't promise any particular result or number of visits.

Initials

Sun after treatment
My skin is more sensitive to the sun after this treatment. I'll follow the studio's sun care steps, including daily sunscreen.

Initials

What the studio offers
The studio offers this treatment only as far as its license allows in my state. Medical treatments, injections and prescriptions are outside what it does.

Initials

My answers
I answered the health questions truthfully. I'll tell my esthetician before my appointment if anything changes.

Initials

Stopping
I can ask my esthetician to stop at any time, and my esthetician may stop or change the service if my skin reacts.

Initials

Photos of your results

Appointment policy
Please give the studio at least 24 hours' notice to move or cancel your appointment. Arriving late may shorten your appointment so the next client starts on time.

Initials

the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.

Your signature

Date

Printed name

For the studio only (For the studio)

Treatment notes

Microneedling consent

Device

☐ Microneedling pen ☐ Roller ☐ Other

Make and model

Needle depth by area

Cartridge

Passes

Glide or serum used

Numbing product used

Cartridge and products used

Before and after photos

Attach a copy to this form