

ESSENTIALS MEDI SPA

Micro-needling Consent Form & Post Care Instructions

Patient Name: _____ Treatment Date: _____

I understand that a Micro-needling treatment:

- Is a treatment that has been proven to reduce the visibility of acne scars, fine lines & wrinkles, diminish hyperpigmentation and improve skin tone and texture.
- Is an invasive procedure involving a mechanical device with very small sterile needles and after treatment ONLY products recommended by the medi-spa professional should be used to avoid infection.
- Involves a healing period which may take several days– redness and minimal pain are evident for at least 24 hours.
- Includes risks of extreme redness, histamine reaction, swelling, stinging, itch, sensitive/dry/flaking skin, or rare cases of hyper or hypopigmentation, scarring, and infection.
- Will involve a numbing cream for your comfort, but some pain, discomfort & redness to the areas treated will be inevitable.
- May involve known and unknown hazards related to the performance of the procedure and no guarantees are made as to what the results will be.
- In rare cases may result in areas of post inflammatory hyperpigmentation, especially in individuals prone to hyperpigmentation from scars or other injuries.
- Is one form of treatment, but alternatives may also accomplish skin improvement (like laser tx, chemical peels, microdermabrasion).

I have read this section. Initial _____

To determine if I am a good candidate, I have disclosed to the medi-spa professional if:

- I have taken Accutane within the last 6-12months (Accutane causes dryness and thins the skin, so it is not advisable to proceed).
- I have recently used Retin A, Vitamin A, Retinol, Tretinoin, Differin, Tazorac or any other topical prescription medication (it is recommended to speak to your family physician to decide whether to stop the use of these products).
- I have open cuts, scratches or any form of rash.
- I have had Botox, filler, chemical peels, or any type of laser/light treatment within the last 2 weeks.
- I have a history of cancer or I am undergoing cancer treatments like chemotherapy or radiation.
- I have epilepsy (LED light therapy would be avoided in this case).
- I tend to form raised or keloid scars.
- I have a hormone imbalance.
- I have an immune system disease (Hepatitis C, Aids, HIV, Collagen Vascular Disease, or other)
- I take a blood thinner or I am hemophilic.
- I have diabetes or a heart condition (includes pacemakers).
- I have active or frequent cold sores.
- I have psoriasis, eczema, or another form of dermatitis.
- I have very sensitive skin or rosacea.
- I have a sunburn.
- I have an allergy to Latex or Pigment.
- I am pregnant, trying to become pregnant, or breastfeeding.

I have read this section. Initial _____

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What to do Before Treatment:

- ✓ Accutane/ Retin-A or Vitamin A should be stopped for 6-12 months prior (as per Health Canada guidelines)
- ✓ 24 hours before: no workouts, caffeine, alcohol, Aspirin/ASA, Advil/Ibuprofen, Niacin or Vit E
- ✓ 7 days before – no brow waxing/tinting/microdermabrasion/sun/tanning beds/sunless tanner
- ✓ Within 14 days of appointment refrain from having Botox/Filler/Chemical Peels/Laser Treatments
- ✓ Within 14 days before and after appointment stop using Retinol, or acidic products such as Alpha Hydroxy Acid (AHA), Beta Hydroxy Acid (BHA), Glycolic or Salicylic Acid.
- ✓ Call to postpone if you have any concerning health changes.

What to do After Treatment:

- ✓ Understand that multiple treatments may be necessary to achieve optimal results. Most studies show 6 treatments over 3-4 months
- ✓ I've been told where to find post-care instructions at www.essentialsmedispa.ca.
- ✓ I will not touch the treated area and surrounding area for 24 hours.
- ✓ After 24 hours will keep the area clean both in the morning and night.
 - Gently wash with a sensitive skin cleanser (no exfoliants).
 - I will not use a washcloth or sponge because of the bacteria present on those
- ✓ For 2-3 weeks avoid vigorous exercise that may cause excessive sweating, and I will avoid hot environments
 - sunny days outdoors/tanning beds/saunas/hot tubs/pools or hot showers/baths
- ✓ I will apply a very thin layer of the post care treatment product Aquaphor (if directed to by Sara).
- ✓ I will refrain from Botox, filler, strong chemical peels or laser treatments for 2 weeks.
- ✓ No makeup on the treated area for 3-7 days (wait until pinpoint bleeding has stopped).
- ✓ I will not pick, scratch, pull, or rub my skin as this will introduce bacteria that can harm my skin. Any scabbing or dry skin should naturally exfoliate off. Picking can cause scarring or undesirable pigmentation loss.
- ✓ For 1 year I will refrain from sun exposure and will use SPF 30 or higher when outdoors.

I acknowledge that I have read this information, have had an opportunity to ask all questions, and I give my consent to be treated by Sara K. This consent is valid for all future micro-needling treatments. I will inform Sara or the staff when there are any future changes to my medical history. I accept full responsibility for any and all present and future medical treatments and expenses I may incur in the event I need to seek treatment for any known or unknown reason associated with this treatment. I understand if I have an infection, adverse reaction or allergic reaction, I must notify Sara K and seek treatment at walk-in, our clinic or the emergency room.

Print Patient Name: _____ Treatment Date: _____

Signatures → Patient: _____ Aesthetician: _____

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PROCEDURE TRACKING

PROCEDURE PERFORMED: _____

DISPOSABLE TOOLS USED: _____ LOT # _____ EXPIRY: _____

PROCEDURE NOTES:

AFTERCARE "HOW TO" INFORMATION PROVIDED, EXPLAINED, AND PATIENT UNDERSTANDS

AFTERCARE OINTMENT (AQUAPHOR) PROVIDED

MEDICAL AESTHETICIAN: SARA KURPJUWEIT

MEDICAL AESTHETICIAN'S SIGNATURE: _____ DATE: _____