

460 6th Street  
Courtenay, BC V9N 1M3

**MICRO-NEEDLING - INFORMED CONSENT FORM**

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

**Medical History:** *Please inform your laser technician or physician prior to treatment if you have any conditions that may make you unsuitable for MICRO-NEEDLING treatments. This form is designed to give you the information you require to make an informed choice as to whether or not to undergo treatment with MICRO-NEEDLING technology.*

*Micro-needling is an effective non-ablative procedure using a medical needling technique to help improve skin texture, elasticity, wrinkles and fine lines, skin crepiness, scars, and stretch marks.*

*Microscopic punctures in the skin stimulate a release of platelets which in turn generates a release of growth hormones and new skin cells. During the treatment period and for about 5 months following the treatments, treated skin experiences renewed growth, by a proliferation of fibroblast cells, responsible for collagen and elastin.*

- My skin may be prepared with a topical anaesthetic cream. The risks, side effects, complications of these topical anaesthetics may include skin irritation (itching or redness), and much more rarely, light headedness, rapid heart rate, visual disturbances and tongue numbness. **Initial here:** \_\_\_\_\_
- Like any cosmetic treatment, there are no guarantees because results vary based on a number of factors such as skin deterioration, smoking, sun exposure, overall health, skin health, number of treatments, responsiveness to treatments, etc. I understand that best results are achieved when combined with skin care treatment. **Initial here:** \_\_\_\_\_
- During treatment, I will experience some minor bleeding. Inflammation and redness can be expected for about 2 – 48 hours. To minimize risks, I have stopped taking ASA products or anticoagulants for 5 days before my first treatment. **Initial here:** \_\_\_\_\_
- I have disclosed my medical history re: allergies and medications. The spread of an infection can occur as well as exacerbating an existing medical condition. **Initial here:** \_\_\_\_\_
- I have disclosed my medical history and do not have: skin cancer, impetigo lesions anywhere on the body, allergy to local anaesthetic agents, uncontrolled diabetes; any blood OR bleeding disorders, haemophilia, HIV/AIDS; hepatitis or keloid scarring. **Initial here:** \_\_\_\_\_
- I agree to advise Kristie McKay and staff of Clinic 5 Laser of any changes to any medical conditions or health, throughout the treatment period. **Initial here:** \_\_\_\_\_
- I understand that if I have active herpes, acne or skin infection, treatment may be delayed until the condition has resolved. **Initial here:** \_\_\_\_\_
- I understand treatment can trigger a herpes flareup. **Initial here:** \_\_\_\_\_
- I am not immune compromised and/or being treated with chemotherapy, high doses of corticosteroids, or radiotherapy. **Initial here:** \_\_\_\_\_
- Micro-needling is cosmetic, not medically necessary, and is not covered by my insurance plan. **Initial here:** \_\_\_\_\_
- I agree to allow the staff of Clinic 5 Laser to treat me and to do follow-up or contact the office if I have any issues or concerns. **Initial Here:** \_\_\_\_\_

1. I have had sufficient opportunity to discuss my condition and treatment. I believe I have adequate knowledge upon which to base an informed consent.
2. Any questions I may have asked, have all been answered to my satisfaction.
3. I authorize before, during and 5 months after the procedure(s) the taking of photographs to be part of my patient profile and I authorize their anonymous use for the purposes of medical audit, education and promotion, without using my identity, not exposing my face.

Patient Signature: \_\_\_\_\_ Clinic 5 Laser Technician Signature: \_\_\_\_\_