



Client Consultation Form

Client Information and Consent

Name

Phone

Email

SKINCARE HISTORY

Do any of the following apply to you?

Eczema

Psoriasis

Diabetes

Scleroderma

Rosacea

Active bacterial or fungal infection

Scars less than 6 months old in area to be treated.

History of skin cancer

Fish allergy

Do you have any other medical conditions?

If Yes, please list:

Please list any current medications you are taking: _____

Are you currently, or possibly may be, pregnant?

CONTRAINDICATIONS

Have you had Botox in the past 10 days?

Have you had microdermabrasion in the past 10 days?

Have you had waxing, threading, laser facial hair removal in the past 10 days?

Have you had laser resurfacing in the past 6 weeks?

Have you had skin microneedling in the past 4 weeks?

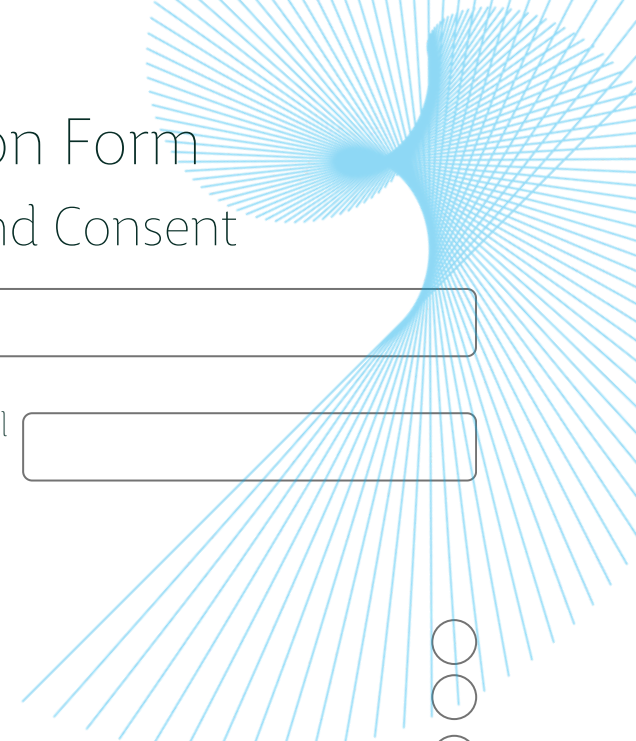
Have you had any treatment with a strong exfoliating acid in the past 3-4 weeks?

Are you currently taking oral or topical Roaccutane or high doses of Vitamin A?

Have you used topical Retinol/Vitamin A in the last 2 weeks?

Have you used any hair removal cream in the last 7 days?

Have you had any other intensive salon treatments in the past 6 weeks that are not listed above? If so, please specify:





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CLIENT'S CONSENT

- I have been informed about the Bio-Microneedling treatment, which involves manual treatment to improve the appearance of my skin using freshwater sponge spicules.
- I understand that a minimum of three (3) treatments, or a full course, is necessary to achieve optimal results.
- I have disclosed any allergies or sensitivities to the esthetician, and they have made a note of them.
- I was informed that my skin may feel tingly and tight for a few days after the treatment, which is a normal reaction. Additionally, I may experience some peeling.
- I acknowledge that as part of the skin renewal process, pigmentation may become more visible or appear more pronounced before improving as the skin regenerates.
- I consent to photographs being taken before and after the procedure for record-keeping and promotional purposes, with my identity protected.
- I have been provided with aftercare instructions and understand the importance of following them to maintain the results and avoid potential complications.

AGREEMENT

By signing below, I acknowledge that I have read, understood, and consent to the above checklist and the Bio-Microneedling treatment.

Client's Signature

Esthetician's Signature

Date

Date