MICRO/DERMA NEEDLING – Dr. Pen MC9 ULTIMA PRO™

CLIENT INTAKE & INFORMED CONSENT

Section 1. CLIENT INFORMATION & MEDICAL HISTORY

Full Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Address: _____

Emergency Contact: _____

Family Physician: _____

Referral Source: _____

Treatment Area(s): _____

GENERAL HEALTH

☐ Diabetes

☐ Thyroid Disorder

☐ Autoimmune Disease

☐ Heart Disease / Cardiovascular Condition

☐ Bleeding Disorder or Blood Clotting Disorder

☐ Metal Implants ((in treatment area)

☐ HIV/AIDS or Other Immunocompromising Condition

☐ Immunocompromised

☐ Hepatitis

☐ Epilepsy / Seizure Disorder

☐ Liver Disease (Including Hepatitis)

☐ Cancer (Current or Previous)

☐ High Blood Pressure

☐ Delayed or Poor Wound Healing

☐ Other Significant Medical Conditions _____ ☐ None

SKIN CONDITIONS

☐ Active Acne

☐ Active or History of Cold Sores (HSV)

☐ Active Bacterial, Viral, or Fungal Skin Infection

☐ Active Rash or Skin Irritation

☐ Dermatitis

☐ Psoriasis

☐ Poor Wound Healing

☐ Precancerous Skin Lesions (e.g., Solar Keratosis)

☐ Other Skin Condition(s) _____

☐ Eczema

☐ Keloid or Hypertrophic Scarring

☐ History of Hypopigmentation

☐ History of Hyperpigmentation

☐ Rosacea

☐ Skin Cancer (Current or Previous)

☐ Vitiligo

☐ Warts (within treatment area)

☐ None

MEDICATIONS

Are you currently taking or have recently taken any of the following?

☐ Antibiotics

☐ Blood Thinners / Anticoagulants

☐ Herbal Supplements or Natural Remedies

☐ Hormone Therapy or Hormonal Medications

☐ Isotretinoin (Accutane® or similar acne medications)

☐ Other Medication(s) _____

☐ Corticosteroids (Oral or Topical)

☐ Immunosuppressive Medications

☐ Photosensitizing Medications

☐ Steroids

☐ Topical Acne Medications

☐ None

ALLERGIES _____

FEMALE CLIENTS

Are you currently pregnant or breast feeding?

☐ Yes

☐ No

PREVIOUS COSMETIC TREATMENTS

Have you received any of the following within the treatment area?

☐ Dermal Fillers

☐ Dermaplaning

☐ Depilatory Cream

☐ Deep Chemical Peel

☐ Electrolysis

☐ IPL

☐ Tattoo & Cosmetic Tattoo

☐ None

☐ Laser Hair Removal

☐ Microneedling

☐ Neuromodulators (Botox)

☐ Photo Dynamic Therapy (PDT)

☐ Plastic/Cosmetic Surgery

☐ Radio Frequency (RF) Skin Tightening

☐ Tweezing or Threading

☐ Waxing or Sugaring

Date of Last Treatment _____

SUN EXPOSURE

Have you had any of the following within the past four weeks?

☐ Excessive Sun Exposure

☐ Self Tanner

☐ Spray Tan

☐ Sunburn

☐ Tanning Bed

☐ None

I confirm that the medical information I have provided is complete and accurate.

Client Initials: _____

Section 2. **TREATMENT INFORMATION**

What is Microneedling?

Microneedling is a minimally invasive skin rejuvenation treatment that uses sterile, single-use needles to create controlled micro-channels within the skin. These micro-channels stimulate the body's natural healing response, encouraging the production of collagen and elastin while enhancing the absorption of professional topical products.

Microneedling is a customizable treatment suitable for a variety of skin concerns and is performed by adjusting the needle depth according to the treatment area and desired clinical outcome.

Benefits

Microneedling may improve the appearance of:

- Fine lines and wrinkles
- Acne scars and surgical scars
- Uneven skin texture
- Enlarged pores
- Sun-damaged skin
- Hyperpigmentation and post-inflammatory pigmentation
- Stretch marks
- Mild skin laxity
- Overall skin tone and complexion
- Skin firmness through collagen stimulation

Treatment plans are customized to each client's individual skin concerns, goals, and clinical assessment.

Treatment Expectations

Microneedling stimulates the skin's natural regenerative process; however, results develop gradually as new collagen and elastin are produced.

By signing this consent, I acknowledge that:

- Individual results vary and cannot be guaranteed.
- Multiple treatment sessions are typically recommended to achieve optimal results.
- Maintenance treatments may be recommended to help maintain results.
- Improvement depends on several factors, including age, skin condition, lifestyle, overall health, and adherence to pre- and post-treatment instructions.
- Visible improvement may continue for several weeks or months following treatment as collagen remodeling occurs.
- My practitioner has discussed the expected treatment plan, anticipated outcomes, potential risks, and realistic expectations with me.

Contraindications

Microneedling should **not** be performed if any of the following are present in the treatment area:

- Active bacterial, viral, or fungal skin infection
- Active herpes simplex (cold sore) outbreak
- Open wounds or lesions
- Active inflammatory acne (moderate to severe)
- Active papulopustular rosacea
- Active skin cancer or suspicious skin lesion
- Solar (actinic) keratosis within the treatment area
- Pregnancy (unless approved by the client's physician and clinic policy permits)
- Bleeding disorders (including hemophilia)
- History of keloid or hypertrophic scarring (relative contraindication—practitioner assessment required)

Precautions/Medical Clearance

- History of cold sores (HSV)
- Recent isotretinoin use
- Autoimmune disorders
- Diabetes or impaired wound healing
- Immunocompromised conditions
- Recent chemical peels, laser, or resurfacing procedures
- Photosensitizing medications
- Recent excessive sun exposure or tanning
- Darker skin types or history of post-inflammatory hyperpigmentation (requires treatment planning)

Comfort

Your comfort is important. A topical numbing cream may be applied when appropriate. Please inform your practitioner immediately if you experience excessive discomfort during treatment or if you have previously experienced an allergic reaction to topical anesthetic.

Health & Saftey

Sterile, single-use needle cartridges are used for every treatment and are disposed of immediately after use in accordance with infection prevention and control protocols.

Client Acknowledgement

I acknowledge that I have read and understand the information provided regarding microneedling, including how the treatment works, expected outcomes, possible risks, limitations, and my responsibilities as a client. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

Client Initials: _____

BEFORE & AFTER CARE – Micro/Dermal Needling

Section 3. **PRE-TREATMENT GUIDLINES**

To help ensure a safe treatment and achieve the best possible results, please follow these instructions before your appointment:

7 DAYS BEFORE TREATMENT

- Avoid excessive sun exposure and tanning beds.
- Discontinue the use of retinoids, retinol, tretinoin, adapalene, benzoyl peroxide, AHAs, BHAs, exfoliating acids, and other potentially irritating skincare products unless otherwise directed by your practitioner.
- Do not wax, thread, depilate, or use chemical hair removal products on the treatment area.
- Avoid aggressive exfoliation, dermaplaning, chemical peels, laser treatments, or other resurfacing procedures on the treatment area.

48 HOURS BEFORE TREATMENT

- Avoid excessive alcohol consumption.
- Avoid anti-inflammatory medications (such as ibuprofen or naproxen) unless medically necessary and approved by your physician.
- Stay well hydrated.

DAY OF TREATMENT

- Arrive with clean skin free of makeup, sunscreen, lotions, oils, perfumes, or self-tanning products.

- Inform your practitioner of any changes to your health, medications, pregnancy status, or skin condition since your consultation.
- If you have a history of cold sores (HSV), notify your practitioner before treatment, as preventative antiviral medication may be recommended.
- If you develop an active skin infection, rash, cold sore outbreak, open wound, or sunburn in the treatment area, your appointment may need to be postponed.

Section 4. **POST-TREATMENT GUIDELINES**

Following your microneedling treatment, it is normal to experience:

- Mild redness similar to a sunburn for 24–72 hours.
- Mild warmth, tightness, or tenderness for the first 24 hours.
- Dryness, roughness, or light flaking during the first week.
- Mild swelling, particularly around delicate areas such as the eyes.
- Minor pinpoint scabbing or peeling as the skin heals naturally.

Healing times vary depending on the treatment depth, skin type, and individual healing response.

DAY OF TREATMENT

- Do not apply makeup.
- Do not apply irritating skin products.
- Cleanse only with lukewarm water if necessary.
- Avoid touching or rubbing the treated area.
- Use only post-treatment products recommended by your practitioner.
- Keep the skin clean and hydrated.

DAYS 1–3

- Wash with a gentle cleanser.
- Continue using practitioner-recommended skincare products.
- Apply a broad-spectrum SPF 30 or higher whenever outdoors.
- Avoid direct sun exposure.
- Avoid active skincare ingredients such as retinoids, acids, vitamin C serums, benzoyl peroxide, and exfoliants.
- Do not pick, scratch, or remove peeling skin.

DAYS 4–7

- Mild flaking or peeling may occur as part of the normal healing process.
- Continue moisturizing the skin.
- Resume your regular skincare routine only when the skin is fully comfortable and no longer irritated.
- Makeup may be applied once the skin has completely healed, usually after 24–48 hours if tolerated.

FOR 48 HOURS AFTER TREATMENT

Avoid:

- Vigorous exercise
- Excessive sweating
- Hot baths
- Hot tubs
- Saunas
- Steam rooms
- Swimming pools
- Chlorinated water
- Ocean swimming

FOR 7–10 DAYS

- Avoid direct sun exposure.
- Do not use tanning beds.
- Continue applying a broad-spectrum SPF 50+ daily.
- Avoid additional cosmetic procedures on the treatment area unless approved by your practitioner.

POSSIBLE SIDE EFFECTS

Temporary side effects may include:

- Redness
- Swelling
- Dryness
- Tightness
- Mild sensitivity
- Peeling or flaking
- Bruising
- Itching
- Hyperpigmentation

- Hypopigmentation
- Infection (rare)
- Allergic reaction (rare)
- Scarring (rare)

WHEN TO CONTACT CURA skin

Please contact your practitioner immediately if you experience:

- Increasing pain after the first 48 hours
- Excessive swelling
- Blistering
- Pus or drainage
- Fever
- Signs of infection
- Persistent redness lasting longer than one week
- An allergic reaction
- Any unexpected or concerning symptoms

CLIENT ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understood the pre-treatment and post-treatment instructions. I understand that following these instructions is an important part of my treatment and that failure to comply may increase the risk of complications, delay healing, and affect my treatment results.

Client Signature: _____

Date: _____

Section 5. **CONSENT & AKNOWLEDGEMENT**

1. Treatment Information

I understand that the **Microneedling** has been selected as the appropriate treatment for my skin type and treatment goals. The procedure, expected benefits, limitations, and potential outcomes have been explained to me, and I understand how the treatment works.

2. Treatment Risks

I understand that temporary redness, swelling, dryness, peeling, bruising, discomfort, pigmentation changes, infection, scarring, or other unforeseen reactions may occur despite appropriate treatment and aftercare.

3. Pre- and Post-Treatment Care

I confirm that I have received and understand the pre-treatment and post-treatment instructions. I understand that failure to follow these instructions may increase the risk of complications and affect my treatment results.

4. Treatment Expectations

I understand that individual results vary and cannot be guaranteed. I acknowledge that multiple treatment sessions and future maintenance treatments may be recommended to achieve and maintain optimal results.

5. Medical Disclosure

I certify that all medical information I have provided is complete and accurate to the best of my knowledge. I agree to notify CURA skin of any changes to my health, medications, pregnancy status, or skin condition before each treatment.

6. Privacy & Confidentiality

I consent to the collection, use, and storage of my personal health information for the purpose of providing treatment and maintaining my clinical record. My information will remain confidential and managed in accordance with applicable privacy legislation.

7. Voluntary Consent

I understand that laser treatments are aesthetic procedures performed by a trained practitioner and may require the practitioner to touch, position, or expose the treatment area in order to safely assess the skin and perform the procedure. Depending on the area being treated, I may be asked to adjust or remove clothing and appropriate draping will be provided when required. I understand that I may ask questions, request modifications, or stop the treatment at any time if I feel uncomfortable. I consent to the necessary practitioner contact and positioning required to safely perform my selected treatment. I voluntarily consent to receive microneedling treatment. I understand that I may withdraw my consent before treatment begins.

8. Policy For Minors

I understand that a child under the age of 18 must have a parent or guardian with them during the initial assessment & treatment. A child at the age of 16 and under must have a guardian present for all assessments and treatments administered.

8. Liability Waiver

To the fullest extent permitted by law, I release, indemnify, and hold harmless CURA skin, its owners, practitioners, employees, contractors, and affiliates from any claims, liabilities, damages, losses, costs, or expenses arising directly or indirectly from this treatment, except where caused by gross negligence or willful misconduct.

9. Photography Consent *(Optional)*

☐ I consent to clinical photographs being taken for treatment planning and progress documentation.

☐ I consent to the use of my photographs for educational or marketing purposes.

11. Cancellation Policy

Your appointment time is reserved specifically for you. Late cancellations and missed appointments prevent us from offering that time to another client. CURA skin requires a minimum of **24 hours' notice** to cancel or reschedule an appointment. Cancellations made with less than 24 hours' notice, or missed appointments (**no-shows**), may be subject to a cancellation fee. We appreciate your consideration and understanding.

CLIENT DECLARATION

I acknowledge that I have read and understood this consent form in its entirety. I confirm that all information provided is true and complete, and I voluntarily consent to proceed with treatment.

Client Name: _____

Client Signature: _____

Practitioner Name: _____

Practitioner Signature: _____

Date: _____