

COLLAGEN INDUCTION THERAPY MICRONEEDLING - PROCEDURE CONSENT

Helen Thomas
AESTHETICS

beauty therapy and permanent cosmetics

I _____ hereby authorise Helen Thomas to perform upon myself Collagen Induction Therapy (Microneedling). If any unforeseen condition arises in the course of the procedure(s), I further request and authorise her to use her full judgement and do whatever she deems advisable and necessary in the circumstances.

I am aware that a sensitivity reaction to anaesthetics can occur and accept all responsibility if allergic response occurs. Although anaesthetic is used, I understand that this is not a pain free procedure and that some discomfort may be felt.

I accept that the highest standards of hygiene are met, and that sterile, disposable needle cartridges are used for each individual client, procedure and visit.

I understand that Collagen Induction Therapy (Microneedling) is used for purposes of skin rejuvenation to improve fine lines and wrinkles, scarring and pigmentation. I understand that the outcome of the treatment can be affected by underlying causes such as skin characteristics, compromised immune system, general stress, poor diet and post procedure aftercare.

I am aware that there are no guarantees to reach the desired outcome of this treatment and that multiple treatments may be required. The goal of the treatment is improvement, not perfection, and that there is no guarantee that the anticipated results will be achieved.

I understand that bruising is possible and in rare cases, inflammatory responses are possible with associated scarring or post-inflammatory hyperpigmentation and in extremely rare cases infection or ulceration.

I have been advised of the possible side effects of this treatment on my post procedure aftercare form and that these may take some days to subside.

I consent to the taking of 'before' and 'after' photos of the treatment area being taken for the purposes of documentation. I understand that these images will not be shared on social media platforms unless I give my consent.

I do / do not (please delete where applicable) give my consent to my to my images being shared but my identity will be protected.

I consent to my personal information being kept and suitably stored by Helen Thomas Aesthetics and understand that none of my personal information will be shared with third parties.

I consent to being contacted by text message, email or phone call.

To my knowledge I do not have any physical, mental or medical impairment or disability that might affect my well being or a direct or indirect result of any decision to have the procedure done at this time. I am at least 18 years old. I am not under the influence of drugs or alcohol.

I certify that I have read, and have had explained to me and fully understand the above consent form and that I have requested to have Collagen Induction Therapy of my own free will.

Client	Signature	Date
Practitioner	Signature	Date