



PRO NEEDLING

Microneedling Documentation Kit

Professional consent, intake & care forms, ready to brand as your own

WHAT'S INSIDE

1. Informed Consent
2. Client Intake & Health History
3. Pre-Treatment Care handout
4. Post-Treatment / Aftercare sheet + wallet card
5. Treatment Record
6. Photo Consent & Release

EDITABLE IN CANVA · WORD · PDF

How to use: replace "Your Clinic Name" and the logo mark on each form with your own, then adjust any wording to fit your practice.

Important: these templates are provided for professional convenience and information only and **do not constitute legal or medical advice**. Regulations for microneedling, consent, and record-keeping change over time and vary by country, state, and locality. Before use, review these documents with your own legal team and your liability insurer and adapt them to your jurisdiction, device, and scope of practice. ProNeedling accepts no liability for their use.

Informed Consent: Microneedling

Collagen Induction Therapy

Client name: _____ DOB: _____ Date: _____

ABOUT THE PROCEDURE

Microneedling uses fine sterile needles to create controlled micro-injuries that stimulate the skin's natural repair process and new collagen. A session takes 30 to 60 minutes. A topical numbing cream may be applied; treatment is generally mildly to moderately uncomfortable, not pain-free.

Initials _____

REALISTIC EXPECTATIONS

Results vary. Improvement usually develops over a series (commonly 3 to 6 sessions about 4 weeks apart), with collagen remodeling continuing up to about 6 months after the final treatment. Results are not permanent and no specific result is guaranteed.

Initials _____

WHAT TO EXPECT AFTER

Skin is typically red or flushed like a moderate sunburn and may feel warm, tight, and tender; mild swelling and light flaking from about day 3 can occur. Most people recover within 24 to 72 hours.

Initials _____

RISKS & POSSIBLE SIDE EFFECTS

Not limited to: redness, swelling, bruising, dryness, pinpoint bleeding; less commonly infection, prolonged redness, cold-sore reactivation, allergic reaction, or scarring. Post-inflammatory hyperpigmentation is possible and more likely in deeper skin tones (Fitzpatrick III to VI); pigmented areas may look darker for several months before improving.

Initials _____

CONTRAINDICATIONS · PLEASE DISCLOSE. TREATMENT MAY BE DECLINED IF ANY APPLY

- | | |
|---|---|
| ☐ Pregnant or nursing | ☐ History of keloid or hypertrophic scarring |
| ☐ Active acne, cold sores, or skin infection in area | ☐ Melanoma or untreated skin cancer |
| ☐ Fungal infection, warts, or raised moles in the area | ☐ Autoimmune disorder or immunosuppressive therapy |
| ☐ Open sores or lesions, broken or irritated skin | ☐ Blood-borne infection (hepatitis, HIV) |
| ☐ Active rosacea, eczema, or psoriasis in the area | ☐ Bleeding disorder or blood thinners (not low-dose aspirin) |
| ☐ Actinic (solar) keratosis or suspicious lesions | ☐ Diabetes, thyroid disorder, or impaired wound healing |
| | ☐ Isotretinoin (Accutane) within 6 months |

I confirm the above are accurate and have disclosed all relevant conditions. Allergies (meds / chemicals / latex / metals):

Initials _____

CONSENT

The procedure, its risks, side effects, and alternatives (including no treatment) have been explained; complications cannot be fully predicted and no guarantee is expressed or implied. Services are non-refundable. I have read and understand this form, my questions were answered, and I consent to treatment. This consent is valid until revoked by me in writing.

Initials _____

Client signature & date

Provider / witness signature & date



Client Intake & Health History

Complete before your first microneedling treatment

Name: _____ DOB: _____
Phone: _____ Email: _____
Emergency contact: _____

PRIMARY CONCERNS

- | | |
|--|---|
| ☐ Fine lines / wrinkles | ☐ Enlarged pores |
| ☐ Acne scars | ☐ Pigmentation / melasma |
| ☐ Skin texture | ☐ Stretch marks |

MEDICAL HISTORY · CHECK ALL THAT APPLY

- | | |
|--|--|
| ☐ Pregnancy / nursing | ☐ Skin cancer / melanoma |
| ☐ Diabetes / thyroid disorder | ☐ Eczema / psoriasis / rosacea |
| ☐ Autoimmune / immunosuppression | ☐ Heart condition / high blood pressure |
| ☐ Bleeding / clotting disorder or anaemia | ☐ Epilepsy |
| ☐ Keloid / hypertrophic scarring | ☐ Smoker |
| ☐ Cold sores / herpes | ☐ Hormonal (contraceptive / HRT / PCOS) |
| ☐ Hepatitis / HIV | ☐ Recent sun or tanning bed |

Fitzpatrick skin type (I to VI): _____

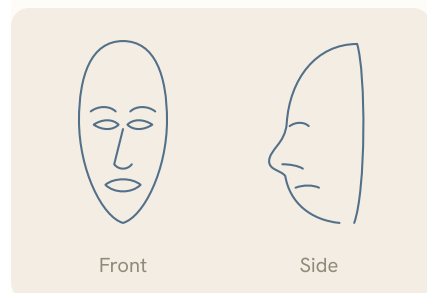
Current actives (retinoids, acids, vitamin C): _____

Current medications & supplements (incl. blood thinners, NSAIDs, Accutane, retinoids, omega-3, vitamin E, and any photosensitizing meds):

Allergies (meds / chemicals / latex / metals / topicals):

Recent treatments in area (filler, botox, laser, peels, waxing) + dates:

SKIN ASSESSMENT



Mark areas of concern on the diagram. Notes:

Sun / tanning in last 2 weeks: Yes / No · Prior microneedling & reactions:

Client signature & date

Reviewed by (provider) & date



Before Your Microneedling Treatment

Give your skin the best possible start

- Stop retinoids / Retin-A, vitamin A, exfoliating acids (AHA/BHA), and benzoyl peroxide **3 to 5 days** before your appointment.
- No isotretinoin (Accutane) within the past **6 months**.
- Avoid sun, tanning, and self-tanner for about **1 week**; arrive with no sunburn.
- No active cold sores. If you are prone to them, ask about antiviral prophylaxis.
- Avoid alcohol, NSAIDs, and blood thinners 24 to 48 hours prior **only if medically appropriate** for you.
- Tell your provider about **all medications and supplements**, including photosensitizing ones (antibiotics, retinoids, St. John's Wort) and blood-affecting supplements (omega-3, vitamin E, ginkgo, garlic).
- Arrive with clean skin and no makeup.
- Reschedule if you have an active breakout, infection, or illness in the treatment area.

Questions before your visit? Contact your provider. Following these steps lowers your risk of irritation and helps you get the best result.



After Your Microneedling Treatment

How to care for your skin as it heals

- **First 24 hours:** skin looks and feels like a sunburn. Only touch with clean hands.
- Use gentle products only, a hyaluronic acid serum and a bland moisturizer.
- **No makeup for 24 hours** (mineral makeup after, if cleared).
- No retinoids, acids, vitamin C, or exfoliants for **3 to 5 days**.
- **Mineral SPF 30+ daily;** strict sun avoidance for 1 to 2 weeks.
- No vigorous exercise, sauna, hot showers, or swimming for **48 to 72 hours**.
- Avoid products with fragrance, strong preservatives, acids, or citrus for the first few days; use only what your provider recommends.
- **Deeper skin tones (Fitzpatrick III to VI):** use a mineral zinc SPF and avoid all sun, pigment can look darker before it improves.

Aftercare at a glance

DETACH & GIVE TO YOUR CLIENT

EXPECT

- Redness like a sunburn
- Warmth & tightness
- Light flaking from day 3
- Recovery in 24 to 72 hrs

DO

- Hyaluronic acid + bland moisturizer
- Mineral SPF 30+ daily
- Touch only with clean hands
- Stay hydrated

AVOID

- Makeup for 24 hours
- Actives 3 to 5 days
- Sun, sauna, heat, sweat
- Picking or peeling skin

Timeline: results build over weeks · a series is recommended for best results

Call us right away if you notice spreading redness, pus or discharge, fever, or worsening pain, these can signal infection. Contact:



Microneedling Treatment Record

Client: _____

Date	Areas	Needle depth (mm)	Passes	Anaesthetic	Serums applied	Reaction / downtime	Photos	Init.

Needle depth (mm): 0.25 · 0.5 · 1.0 · 1.5 · 2.0 · 2.5 | Anaesthetic: topical / none | Occlusion: Y / N | Cleanser: _____ | Treatment # in series: _____

Technician comments: _____ Next appointment: _____



Photo Consent & Release

Before & after photography

I consent to before and after photographs of my treatment area for the purpose(s) I have checked below:

- ☐ My clinical record only
- ☐ Provider education / training
- ☐ Marketing / social media

If used for marketing, I consent to: Identifiable _____ Anonymized, no identifying features _____

I understand I may revoke marketing consent in writing at any time, and that revocation does not apply to materials already published.

Client signature & date

Provider signature & date

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