

## Personal Details

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Tel: \_\_\_\_\_  
Work Tel: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions which I might have about the skin needling procedure and that all of my questions have been answered to my full satisfaction. I specifically acknowledge I have been advised of the facts and matters set forth below and

I agree as follows:

- If I have any condition that might affect the skin needling procedure or the post skin needling care, I will advise my practitioner.
- I am not pregnant or nursing.
- I am not under the influence of alcohol or drugs.
- I do not have medical or skin conditions such as but not limited to: acne, scarring (Keloid) eczema, psoriasis, freckles, moles or sunburn in the area to be treated that may interfere with said skin needling.
- If I have any type of infection or rash anywhere on my body, I will advise my practitioner.
- I acknowledge it is not reasonably possible for the representatives and employees of this clinic to determine whether I might have an allergic reaction to the skin needling procedure however uncommon this may be and I agree to accept the risk that such a reaction is possible.
- I have received aftercare instructions and I agree to follow them.
- I understand that if I have any other skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may affect my results.
- I acknowledge I am over the age of eighteen and that I have truthfully represented myself to my practitioner.

*Please sign:*

Client: \_\_\_\_\_ Date: \_\_\_\_\_  
Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_