Microneedling consent form template (UK)

Patient details

Full name: _____

Date of birth: _____

Phone: _____

Email: _____

Address: _____

Treatment details

Device (pen/roller, make and model): _____

Area(s) to be treated: _____

Needle depth (mm): _____

Topical anaesthetic used (product, if any): _____

Number of sessions planned in this course: _____

Date of treatment: _____

About this treatment

Microneedling uses fine needles to create controlled micro-injuries in the skin, stimulating collagen and elastin production. It is used for skin texture, acne scarring, fine lines and enlarged pores. A course of treatments spaced several weeks apart is usually recommended; visible improvement develops gradually over the following weeks and months. No specific outcome can be guaranteed.

Contraindications and screening

Please confirm each of the following:

- ☐ I do not have active acne, infection, eczema, psoriasis or broken skin in the treatment area
- ☐ I am not currently taking isotretinoin (Roaccutane) and have not taken it in the last 6 months
- ☐ I do not have a history of keloid or hypertrophic (raised, abnormal) scarring
- ☐ I do not currently have a cold sore, and I have told my practitioner if I have a history of cold sores
- ☐ I am not pregnant and not breastfeeding
- ☐ I do not have a bleeding disorder and have disclosed any blood-thinning medication or supplements
- ☐ I have disclosed any recent sunburn, sunbed use, chemical peel or laser treatment in the area
- ☐ I have disclosed all skincare actives I use (retinoids, acids, exfoliants)

Risk acknowledgement

I understand and accept the following recognised risks of microneedling:

- ☐ Redness, warmth and a sunburn-like feeling, usually settling within 24 to 72 hours
- ☐ Swelling of the treated area
- ☐ Pinpoint bleeding and bruising during and shortly after treatment
- ☐ Dryness, flaking and temporary skin sensitivity
- ☐ Infection if the area is not kept clean while healing
- ☐ Pigmentation changes (darkening or lightening of the skin), a higher risk with sun exposure after treatment and in deeper skin tones
- ☐ Reactivation of cold sores in patients with a history of herpes simplex
- ☐ Allergic or irritant reaction to topical anaesthetic or products applied during treatment

Aftercare commitment

- [ ] I agree to follow the written aftercare instructions, including keeping the area clean, avoiding make-up for 24 hours, avoiding active skincare for the advised period, and using high-factor sun protection daily while the skin heals.

Photography

- [ ] I consent to clinical photographs being taken before and after treatment for my confidential patient record.
- [ ] I additionally consent to my photographs being used for marketing purposes (optional).

Outcome

- [ ] I understand that results develop gradually, vary between individuals, usually require a course of treatments, and cannot be guaranteed.

Patient declaration

I confirm that I have read and understood the information above, that I have had the opportunity to ask questions and that they have been answered to my satisfaction. The information I have given is true and complete. I consent to microneedling treatment as described.

Patient signature: _____

Print name: _____

Date: _____

Practitioner declaration

I confirm that I have explained this procedure to the patient, including its intended benefits and material risks, and any available alternative treatments, and that the patient has had the opportunity to ask questions.

Practitioner signature: _____

Print name and qualification: _____

Date: _____