

## **Cosmetic Treatment Informed Consent**

### **Cosmetic Acupuncture:**

Involves the insertion of special needles into particular points on the body. There are some risks to treatment, including the possibility of bruising of the skin and/or slight bleeding, weakness, fainting, and/or the aggravation of symptoms existing prior to acupuncture treatment. There is little to no risk of infection when all needles are sterile. Three Moons Acupuncture uses only one-time use, sterile disposable needles. Three Moons Acupuncture does not provide primary care, nor Western (allopathic) medical care. Please see your medical doctor for those services and for routine check-ups. If you have a bleeding disorder, pacemaker, high blood pressure, local infection, or have been prescribed anticoagulant medications like Coumadin, we can still treat you but should be made aware of your condition. By signing below, you state that you have informed your acupuncturist of such conditions

### **Micro-needling (Collagen Induction Therapy) and Nano-needling:**

I consent to the treatment of Micro-Needling/Nano-Needling to be carried out upon myself.

The Micro-Needling treatment allows for controlled induction of growth factor serums, or hyaluronic acid, into the skins self-repair process by creating micro injuries in the skin. These injuries stimulate new collagen production, while not posing the risk of permanent scarring. The result is smoother, firmer and younger looking skin. The skin needling treatments are performed in a safe and precise manner with a sterile needle head and are usually completed in 30-60 minutes.

### **Contraindications:**

**Absolute Contraindications:** Accutane within 6 months, Scleroderma, collagen vascular disease, or cardiac abnormalities, rosacea, blood clotting problems, platelet abnormalities, anticoagulation therapy (i.e.: Warfarin), facial cancer, past and present, chemotherapy, steroid therapy, dermatological diseases affecting the face (i.e. Porphyria), diabetes and other chronic conditions, active bacterial or fungal infections, immune-suppression, scars less than 6 months old and Botox/facial fillers in the past 4 weeks. Treatment is not recommended for patients who are pregnant or nursing. **Precautions:** keloid or raised scarring, eczema, psoriasis, actinic keratosis, and herpes simplex.

I understand that if any of the above health concerns are present at any of my treatment days, I may be denied treatment and will be asked to reschedule. I understand it is my responsibility to disclose such health concerns prior to each visit.

I also understand it is recommended to prophylactically treat a history of cold sores for 3 days before and 3 days after treatments and that the risk is still possible. By signing below, I agree to that risk.

I understand that I must wait at least 4 weeks after Botox and fillers to have a microneedling treatment. Treatment prior to these time frames could result in unwanted distribution of Botox and fillers creating an inflammatory reaction at injection sites. I understand it is also recommended that I refrain from Botox, injection fillers or any other invasive facial procedure for 4 weeks after microneedling.

I also understand that if I have had a moderate facial peel, I must wait minimum of 2 weeks before for microneedling treatment. I must wait a minimum for 2 weeks after microneedling to have a moderate facial peel. And likewise, if I have had a deep facial peel, I must wait 4 weeks. I also understand that I must wait 4 weeks post microneedling for deep peel facials.

I understand that the microneedling procedure is moderately uncomfortable and a topical numbing cream **may** be applied to the treated area. This may minimize the discomfort; however, it cannot be guaranteed that the procedure will be pain free. Such numbing agents though used topically may contain minimum risks that are exacerbated if certain cardiac disorders are present. Therefore, it is my responsibility to notify my Acupuncturists of any cardiac medical history or presence thereof.

#### **Side Effects Typically Include:**

- Skin will be pink or red and may feel warm, like mild sunburn, tight and itchy, which usually subside in 12 to 24 hrs
- Minor flaking or dryness of the skin, with scab formation in rare cases.
- Crusting, discomfort, bruising and swelling may occur.
- Pinpoint bleeding.
- It is possible to have a cold sore flare if you have a history of outbreaks.
- Freckles may lighten temporarily or permanently disappear in treated areas.
- Infection is rare but if you see any signs of tender redness or puss notify our office immediately.
- Hyperpigmentation (darkening of the skin) rarely occurs and usually resolves itself after a month.
- Permanent scarring (less than 1%) is extremely rare.

I have been informed about the treatment, procedure, indications, expected results and possible side effects.

Although the results are usually dramatic, I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning the expected results in my case.

I have been advised that a series of 4 treatments, 4 weeks apart is the minimum recommendation needed to achieve maximum benefits for microneedling. I understand that at times, scar tissue and/or stretch marks may benefit from additional treatments. I also understand that I cannot expect to see the same results with one treatment that I would see with a series of 4 treatments.

**LED/BIO/TDP Light Therapy:**

I understand that in order to add these services to my cosmetic treatments I must complete the informed consent process for Light Therapy Treatments.

**Chinese Herbs:**

I understand that substances from the Oriental Materia Medica may be recommended to me as adjunct for facial rejuvenation and/or to normalize the body's physiological functions. I understand that I am not required to take these substances but must follow the directions for administration and dosage if I do decide to take them. I am aware that certain adverse side effects may result from taking these substances. These could include, but are not limited to: **changes in bowel movement, abdominal pain or discomfort**, and the possible aggravation of symptoms existing prior to herbal treatment. Should I experience any problems which I associate with these substances, I should ***stop taking them*** and call the clinic as soon as possible.

**Acupressure/Tui-Na Massage, Cupping and GuaSha:**

I understand that I may also be given acupressure/tui-na massage, cupping, or guasha as part of my treatment. I am aware that certain adverse side effects may result from this treatment. These could include, but are not limited to: **bruising, sore muscles or aches**, and the possible aggravation of symptoms existing prior to treatment. I understand that I may stop the treatment if it is too uncomfortable.

**Liniments/Essential oils and other Topicals:**

I understand that I may also be given liniments/topicals and essential oils as part of my treatment or post procedure care. I am aware that certain adverse side effects may result from this treatment. These could include, but are not limited to: **skin irritation, rash, pruritis** and the possible aggravation of symptoms existing prior to herbal treatment. I understand that no guarantees concerning its use and effects are given to me and that I am free to stop treatment at any time. Should I experience any problems which I associate with these substances, I should ***stop using them*** and call the clinic as soon as possible.

**Photographs:**

Due to the nature of the treatment, it is important to obtain before, during and after photographs to clearly document the results that are being achieved throughout the treatment period. I consent to the taking of clinical photography and its use for my personal electronic health records only. I fully understand my identity will be protected. I acknowledge that a separate release form must be signed for any other use of my photographs.

**Pregnant and/or Nursing Disclosure:**

Pregnancy and nursing are an absolute contradiction to cosmetic treatments. By signing below, you confirm that you are **NOT** pregnant or nursing. Should your pregnancy/nursing status change during treatment progression you are responsible for updating your Acupuncturists. Treatments will be held and future package completion to be discussed on an individual basis.

**Allergies:**

I have listed any allergies to medications, chemicals or metals in my personal history and it is my responsibility to update the Acupuncturist of any changes or additions to the list.

**Result Guarantees:**

While Cosmetic Acupuncture has been clinically shown to work; we want to remind you that everyone's body, skin, and repair process works differently. The purpose of Cosmetic Acupuncture is to create a younger and more vibrant appearance. Please be advised that this treatment is not a surgical procedure and cannot be compared to a surgical facelift Three Moons Acupuncture cannot be held liable or bear any responsibility for the actions or results of actions of its members, nor can we provide guarantees as to the success, or results of treatments delivered by members of Three Moons Acupuncture.

I am undergoing treatment of my own free will. I agree that this procedure is being performed for cosmetic reasons and that no guarantee can be made as to the exact results of this procedure. I understand that every precaution will be taken to prevent complications and that complications from this procedure are rare, they can and sometimes do occur. I am also aware of and accept the risk of unforeseen complications that may not have been discussed and which may result from this treatment.

*I acknowledge my obligation to follow the instructions closely and visit the office as directed. I certify that I have read the above consent agreement and fully understand it. These items have been reviewed and discussed with the Acupuncturist and all my questions have been answered to my satisfaction. I also agree to hold harmless and release from any liability Three Moons Acupuncture or any of its officers, directors and / or employees for any condition or result, known or unknown that may arise as a result of any treatment that I receive.*

***I have carefully read and understand all of the above information and am fully aware of what I am signing. I give my permission and consent to treatment.***

Cancellation Policy: To avoid being billed for a missed appointment, Three Moons Acupuncture requires 24-hours advance notice if you must change or cancel your appointment. Please refer to the signed policy for further details on this topic.

I am aware that this is a release of Liability, a waiver of legal rights and contracts between The Balanced Tree LLC DBA Three Moons Acupuncture and the undersigned.

I released The Balanced Tree LLC DBA Three Moons Acupuncture from liability associated with this procedure. I certify that I am a competent adult of at least 18 years of age and sign this at my own free will. This consent and waiver form is voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successor, and assigns.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_