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## BB Glow Consent Form

### PERSONAL INFORMATION:

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ State \_\_\_\_\_

Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

Mobile \_\_\_\_\_ Home Ph \_\_\_\_\_

Date of Birth \_\_\_\_\_ Ethnic Background \_\_\_\_\_

Family Doctor Name and Contact No: \_\_\_\_\_

Emergency Contact Name and Telephone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### MEDICAL HISTORY:

Do you have any of the following conditions: *If yes, please select them:*

- |  |  |
|--|--|
| <input type="checkbox"/> Acne                    | <input type="checkbox"/> Hyper/hypo pigmentation |
| <input type="checkbox"/> Arthritis               | <input type="checkbox"/> Hysterectomy            |
| <input type="checkbox"/> Blood/clotting disorder | <input type="checkbox"/> Immune disorders        |
| <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Insomnia                |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Keloid scarring         |
| <input type="checkbox"/> Eczema                  | <input type="checkbox"/> Lupus                   |
| <input type="checkbox"/> Epilepsy/seizures       | <input type="checkbox"/> Metal bon pins/plates   |
| <input type="checkbox"/> Heart Condition         | <input type="checkbox"/> Skin disease/lesions    |
| <input type="checkbox"/> Herpes                  | <input type="checkbox"/> Seborrhoea              |
| <input type="checkbox"/> Hepatitis               | <input type="checkbox"/> Thyroid condition       |
| <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Varicose veins          |
| <input type="checkbox"/> HIV/AIDS                | <input type="checkbox"/> Warts                   |

Any other conditions \_\_\_\_\_

Any known allergies? ☐ No ☐ Yes

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List any medications you take regularly, including vitamins, herbal supplements, aspirin etc:

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Any recent surgeries, including plastic surgery? ☐ No ☐ Yes, explain

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Are you pregnant, trying to become pregnant or breastfeeding? ☐ No ☐ Yes

### SKIN HISTORY:

Have you ever had a facial treatment before? ☐ No ☐ Yes

If yes, when and please explain:

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What are your skin goals?

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What is your skin type? ☐ Normal ☐ Oily ☐ Dry ☐ Combination ☐ Mature

Your exposure to the sun? ☐ Never ☐ Light ☐ Moderate ☐ Excessive

Foundation you wear: ☐ Liquid ☐ Cream ☐ Powder ☐ None

How does your skin heal? ☐ Fast ☐ Slow ☐ Moderate

Do you bruise easily? ☐ No ☐ Yes

Please tick the current products you use:

- |                                     |                                      |   |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Cleanser   | <input type="checkbox"/> Facial soap | <input type="checkbox"/> Sheet masks      |
| <input type="checkbox"/> Exfoliants | <input type="checkbox"/> Skin toner  | <input type="checkbox"/> Retinol          |
| <input type="checkbox"/> Serums     | <input type="checkbox"/> Eye cream   | <input type="checkbox"/> Day/night creams |

Have you ever used acne medication? ☐ No ☐ Yes

If yes, when? \_\_\_\_\_ list the name/s \_\_\_\_\_

In the last 3 months, have you used Retin-A, AHA's or Retinol/Vitamin A derivative products? ☐ No ☐ Yes, please describe

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Have you received Botox, Restylane, or Collagen injections in the last 6 months?

☐ No ☐ Yes, please specify:

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### About the procedure

BB Glow is a semi-permanent skin treatment that enhances skin tone, hydration, and radiance by infusing a tinted serum with microneedling techniques. This treatment can improve the appearance of minor imperfections, such as uneven skin tone, dullness, and mild pigmentation. However, multiple sessions and ongoing maintenance are required for optimal and long-lasting results.

### Risks

While BB Glow is generally safe, potential risks may include temporary redness, swelling, irritation, or breakouts. Those with sensitive skin may experience prolonged sensitivity or mild peeling. If you have a history of allergic reactions or skin conditions, please discuss this with your technician before treatment.

### Infection

The procedure involves microneedling, which creates tiny micro-channels in the skin. Although rare, there is a small risk of infection if proper aftercare is not followed. Keeping the treated area clean, avoiding touching the skin with unwashed hands, and following post-care instructions will minimise this risk. MUST avoid sun exposure immediately after the treatment. You should also wear a daily SPF +30 and avoid picking and/or peeling the skin during healing period.

### Scarring

BB Glow is a minimally invasive procedure with a low risk of scarring. However, individuals prone to keloid scarring or those with a history of poor wound healing should consult their therapist before treatment. Picking, scratching, or not following aftercare instructions can increase the risk of unwanted side effects.

### Pain

Most clients experience little to no pain during a BB Glow treatment. Some may feel mild discomfort, tingling, or sensitivity as the microneedling device glides over the skin. Any post-treatment sensitivity typically subsides within 12–48 hours.

**Mild redness, sensitivity, and slight swelling are normal after a BB Glow treatment and typically subside within 12–48 hours. A slight tingling, tightness, or warmth may also occur as the skin absorbs the serums. However, receiving treatments less than**

**four weeks apart may lead to prolonged sensitivity, irritation, or delayed healing, especially for those with sensitive or reactive skin.**

- ☐ BB Glow is a semi-permanent skin-enhancing treatment and will not permanently improve skin texture, tone, elasticity, hyperpigmentation, scars, or fine lines and wrinkles. While it provides immediate brightness, hydration, and an even skin tone, multiple sessions and ongoing maintenance are required for optimal and long-lasting results.
- ☐ I have not had any unprotected sun exposure in the last 2 weeks, and I have disclosed with my therapist if I am on any medications.
- ☐ I do not have a history of keloid scars.
- ☐ I do not have any form of clotting disorders or taking blood thinners.
- ☐ I have not used Retin-A, strong exfoliants, or other retinoids in the last 2 weeks.
- ☐ I have not had any laser resurfacing, deep chemical peels, or other aggressive skin treatments in the last 4 weeks.
- ☐ I have not had any Botox or Dermal Fillers in the last 4 weeks.
- ☐ I am not pregnant or breastfeeding.
- ☐ I am not a diabetic.
- ☐ I have made my therapist aware of any illnesses or medical conditions to the best of my knowledge.
- ☐ I understand there are no refunds on any performed service.
- ☐ I agree to inform my therapist of any changes throughout the course of my treatments.
- ☐ In relation to my treatment, I have been advised as follows...
- ☐ I understand that while skin needling is effective for most clients, individual results vary and cannot be guaranteed.
- ☐ Exposure to UV rays can compromise my treatment, therefore I will wear SPF + 30 daily.
- ☐ To follow after care as instructed to receive best possible outcome.
- ☐ Understand there may be possible side effects/risks, including temporary redness, swelling, irritation or breakouts.
- ☐ I have read all the above and have had all my questions satisfactorily answered.

**By signing below, you agree to the following:**

**I have completed this form truthfully and to the best of my knowledge. I agree to inform my therapist of any changes to the above information. I agree to waive all liabilities toward my skin therapist and the employer for any injury or damages incurred due to any misrepresentation of my health history.**

**Do not sign this form until you have read and understood all the above.**

Name\_\_\_\_\_Date\_\_\_\_\_

Signature\_\_\_\_\_