



PRP PLATELET RICH PLASMA TREATMENT INTAKE

(use this form for PRP Microneedling, PRP Mesotherapy and PRP Hair Treatment)

Patient Information:

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (H) _____ (Cell) _____

Date of Birth: _____ (YYYY/MM/DD) Age: ____ Sex: M / F / _____

Occupation: _____ Email: _____

By providing my email, I agree to receiving clinic email reminders, health updates, promotions, etc.

In case of emergency, contact: _____

How did you find out about our services? _____

What are your main complaints?

PRP Pre-Treatment Instructions

To maximize results, discontinue the following **3 days** prior to treatment:

- Aspirin, Ibuprofen, Naproxen, beta-Lactam Antibiotics, Vitamin E, Niacin, Multivitamins, Omega 3 Fatty Acids / Fish oils, Ginkgo Biloba, and Ginseng as they are blood-thinning agents and may cause more bruising and bleeding
- Alcohol, caffeine, spicy foods and cigarettes to reduce risks of bruising
- Drink at least 8 cups (2 L) of water per day, for 3 days to your procedure day
- Increase fruit and vegetable consumption 3 days prior to your procedure

Do not receive any Botox (or like-forms of Botox), Juvederm or Restylane dermal fillers, chemical peels, laser, microdermabrasion, any facial treatments or use of Retin A / Retinol products **7 days** prior to the procedure.

PRP Post-Treatment Instructions

To maximize results, avoid the following for **3 days** after treatment:

- Aspirin, Ibuprofen, Naproxen, Alcohol, Smoking, Caffeine
- Direct exposure to sunlight, tanning beds, saunas, hot tubs, steam showers
- Strenuous exercise
- Apply a minimum of SPF 30 sunscreen to face and/or neck treated areas
- Avoid touching and washing treated area for at least **8 hours** following your procedure
- Stay hydrated and continue a health, nutritious diet to enhance results

Contra-indications to PRP Treatment

- Active infections or allergic reactions (such as cold/flu, fever, cold sores, hives, rash, etc) – you will need to reschedule as we cannot treat you with PRP until you are fully healed

- Cancer, Autoimmune Disorders, Bleeding Disorders
- Pregnancy

Consent for PRP Treatment

I understand that PRP Microneedling and PRP Mesotherapy are treatments that involve infusion of my own platelet-rich plasma (PRP) via a microneedling pen and multiple superficial injections into areas of the face, neck and head hair. I understand that this treatment is indicated for wrinkle reduction, large pores, acne scars, pigmentation, skin tone, anti-aging and/or hair restoration. I understand that some pain and discomfort may be experienced during treatment, but a topical anesthetic cream will be applied to treated areas to minimize the sensation. For PRP hair treatments, only the front hairline will receive anesthetic cream and not the scalp.

I understand that PRP is an “elective” procedure, and that my consent and authorization is strictly voluntary. By giving informed consent, I hereby grant authority to the Naturopathic Doctors to perform PRP Microneedling and/or PRP Mesotherapy on my body for the purpose of aesthetic treatment, such as, but not limited to, skin rejuvenation, acne scarring improvement and/or hair restoration.

I have fully read this consent form and certify that I understand all of its contents. Additionally, I confirm that all of my questions have been answered, to my full satisfaction, by the Naturopathic Doctor, and any other medical staff present, to ensure this satisfaction; thus, I consent to the terms and conditions of this binding consent form.

I have been instructed in and fully understand the contraindications associated with PRP treatments, and agree to adhere to all pre-treatment, post-treatment, safety precautions and instructions that must be followed prior to, during or after my procedure. Furthermore, I acknowledge that I was given a copy of this consent form for my records. I understand that the results of PRP treatments can vary and acknowledge that **NO guarantee** has been provided or implied by the Naturopathic Doctors, and any other clinic staff present, as to the results that may be obtained by this treatment.

I understand that there are minor temporary side effects resulting from the treatment:

- A mild “sunburn-like” heat sensation to the treated area which usually resolves after 4-24 hours
- Redness, swelling or bruising of the treated area which may last 4-72 hours post-treatment
- Dryness and peeling of the skin about 2 days post-treatment and lasting up to 7 days
- Rashes and hives (urticaria) may develop as sensitivity reaction to certain facial products and anesthetic creams used. This can be treated with Benadryl or cold ice packs.

I also understand that in extremely rare cases, **no improvement or worsening of the skin and treated areas** may occur (such as darkening of skin, pigmentation, infection) and may resolve by itself over time.

I also understand that this procedure is strictly “**elective**” and is not cover by provincial health care and may not be covered by certain extended health insurance plans, and hence, payment is my full responsibility. Any additional medical expense incurred, such as, but not limited to, the dissatisfaction of my treatment outcome is my sole financial responsibility. I understand that, no matter what the outcome is, PRP treatments are non-refundable and payment is required at the time of service.

I hereby give my voluntary consent to PRP treatments and release Essence Wellness Clinic, the treating Naturopathic Doctors, and any other front desk staff, from any liability associated with this procedure. I certify that I am a competent individual and an adult of at least 18 years of age at the time of my treatment. I confirm that I am not under the influence of alcohol, drugs or incapacitated in any way.

This consent form shall be binding upon all parties directly or indirectly involved, such as, but not limited to, my family members and legal representatives. I agree that if I should have any questions and concerns regarding my treatment results, or any adverse medical reactions associated with the treatment, that I will notify the clinic or Naturopathic Doctor for immediate follow-up and timely intervention.

Patient Signature _____ Date _____
