SQT Bio Microneedling

Consent, intake, pre-treatment and aftercare templates for practices offering spicule-based bio microneedling.

WHAT IS IN THIS PACK

1. **Informed consent form** — treatment description, risks, alternatives and signatures.
2. **Client intake questionnaire** — medical screening, skincare history and skin assessment.
3. **Pre-treatment checklist** — what the client does before the appointment, and what you check on the day.
4. **Aftercare instruction sheet** — hour-by-hour and day-by-day, plus when to call the practice.

Add your practice name, logo and insurer wording before use. Review the clinical content against the product instructions for use supplied with your spicule system.

PART 1 Informed consent form

Complete this form with the client before the first session. Record a fresh consent if the treatment area, product or course plan changes.

Client name

Date of birth

Practice

Practitioner

Treatment area

Date

ABOUT THE TREATMENT

SQT bio microneedling is a non-invasive skin rejuvenation treatment. Hydrolysed spicules from the freshwater sponge *Spongilla lacustris* are blended into a serum and massaged into the skin by hand. Spicules are microscopic silica structures, roughly 50 to 200 micrometres long.

The massage embeds the spicules in the upper layers of the skin and opens millions of micro-channels. No metal needles are used, no mechanical stamp or roller is used, and no numbing cream is applied. The skin surface is not cut, so the treatment does not draw blood.

The spicules stay in the skin for about 48 to 72 hours, then shed with the surface skin cells. The micro-channels prompt the skin's own repair response, which supports collagen and elastin production. Hands-on application takes only a few minutes. Allow 30 to 45 minutes for the whole appointment.

INTENDED BENEFITS

Improvement in skin texture and tone, softening of fine lines, reduced appearance of acne scarring and uneven pigmentation, and support for the skin's own collagen and elastin. Results build gradually over several weeks. A course is normally needed, and outcomes vary between individuals.

Sessions recommended

Interval between sessions

Review date

RISKS AND SIDE EFFECTS

- A prickling or pins-and-needles feeling, strongest in the first 24 hours and usually gone within 48 to 72 hours.
- Redness, warmth and mild swelling, which normally settle within 12 to 24 hours.
- Itching, which often peaks around 24 hours after treatment.
- Dryness, flaking and peeling, usually starting around 48 hours and lasting two to five days.
- A histamine-type flare around day three, which typically settles within one to two days.
- Temporary sensitivity to touch, heat and skincare products.
- Post-inflammatory hyperpigmentation, more likely in Fitzpatrick IV to VI skin without strict sun protection.
- Allergic reaction to the spicule product or to the serum base.
- Infection. This is uncommon because the skin surface is not broken, but picking or scratching raises the risk.
- Results that fall short of expectations, or that need more sessions than first planned.

The treatment is not suitable during pregnancy or breastfeeding, over active infection, cold sores, warts, open wounds, sunburn or active inflammatory skin disease, within six months of isotretinoin, or where there is a known allergy to sponge or silica. Chemotherapy, radiotherapy, autoimmune disease, diabetes and other healing disorders need medical clearance first.

ALTERNATIVES

No treatment at all. Traditional needle microneedling. Chemical peel. Laser or energy-based resurfacing. A topical skincare programme. Your practitioner has explained the advantages and drawbacks of each.

PLEASE CONFIRM

Do you understand the information you have been given about SQT bio microneedling?

◯ Yes ◯ No

Has the difference between spicule bio microneedling and needle microneedling been explained to you?

◯ Yes ◯ No

Have you had the chance to ask questions, and were they answered to your satisfaction?

◯ Yes ◯ No

Do you understand that results vary, and that a course of sessions is usually needed?

◯ Yes ◯ No

Do you understand that peeling may begin around 48 hours after treatment and last several days?

◯ Yes ◯ No

Have you told us about every medication, supplement, allergy and skin condition that applies to you?

◯ Yes ◯ No

Have you received a copy of the aftercare instruction sheet, and do you agree to follow it?

◯ Yes ◯ No

Do you consent to clinical photographs being taken and stored in your record?

◯ Yes ◯ No

Do you consent to those photographs being used for marketing? (You may say no and still be treated.)

◯ Yes ◯ No

Is your consent to this treatment freely given?

◯ Yes ◯ No

Declaration. I have read and understood this form. I confirm the information I have given is accurate and complete. I understand that I may withdraw consent at any time before or during treatment. I consent to SQT bio microneedling as described above.

Client name

Practitioner name

Client signature

Practitioner signature

Date

Date

PART 2

Client intake questionnaire

The client completes sections A to C. The practitioner completes section D at consultation. Review and re-date before every session.

A. CLIENT DETAILS

Client name

Date of birth

Phone

Email

Address

Occupation

Emergency contact and number

GP or physician

B. MEDICAL AND MEDICATION HISTORY

Answer every question. Add detail in the box at the end of this section.

Are you pregnant, trying to conceive, or breastfeeding?

○ Yes ○ No

Are you taking any prescription medication?

○ Yes ○ No

Are you taking anticoagulants or any blood-thinning medication?

○ Yes ○ No

Have you taken isotretinoin (Accutane or Roaccutane) in the last six months?

○ Yes ○ No

Do you take supplements such as fish oil, vitamin E, ginkgo or arnica?

○ Yes ○ No

Do you have an autoimmune condition, or take immunosuppressant medication?

○ Yes ○ No

Do you have diabetes, or any condition that slows wound healing?

○ Yes ○ No

Have you had chemotherapy or radiotherapy in the last 12 months?

○ Yes ○ No

Do you get cold sores, or have a history of herpes simplex?

○ Yes ○ No

Do you have any active skin infection, cold sore, wart or open wound?

○ Yes ○ No

Do you have eczema, psoriasis, rosacea, dermatitis or active acne?

○ Yes ○ No

Do you scar badly, or have a history of keloid or hypertrophic scarring?

○ Yes ○ No

Do you have any known allergy to sponge, silica, latex or fragrance?

○ Yes ○ No

Have you ever had anaphylaxis?

○ Yes ○ No

Have you been unwell in the last week?

○ Yes ○ No

Have you had waxing, a peel, laser, IPL or injectables on this area in the last two weeks?

○ Yes ○ No

Have you had bio microneedling or any spicule treatment before?

○ Yes ○ No

Please give details for every question you answered yes to.

C. CURRENT SKINCARE ROUTINE

Cleanser

Moisturiser

Daily SPF and factor

Retinoid in use, and how often

AHA, BHA or benzoyl peroxide in use

Vitamin C or other actives

Known product sensitivities, reactions or ingredients you avoid.

D. SKIN ASSESSMENT — PRACTITIONER

Fitzpatrick skin type

☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI

Primary concerns

☐ Acne scarring ☐ Pigmentation ☐ Texture ☐ Fine lines ☐ Dullness ☐ Enlarged pores ☐ Stretch marks

☐ Other

Treatment area

Session number

Product and batch or lot number

Serum base used

Baseline photographs taken and stored in the record?

○ Yes ○ No

Patch test offered or performed?

○ Yes ○ No

Contraindications ruled out?

○ Yes ○ No

Is the client suitable for treatment today?

○ Yes ○ No

Practitioner notes, skin condition at consultation, and plan.

Client name

Practitioner name

Client signature

Practitioner signature

Date

Date

PART 3

Pre-treatment checklist

Give the client the first half at booking. Work through the practitioner section on the day, before any product goes on the skin.

FOR THE CLIENT

Two weeks before

- [ ] Stop retinoids: tretinoin, retinol, adapalene and tazarotene.
- [ ] Stop AHA, BHA, benzoyl peroxide and any exfoliating scrub or acid.
- [ ] No waxing, peels, laser, IPL or injectables on the treatment area.
- [ ] No sunbeds. Avoid deliberate sun exposure and wear SPF 50 every day.
- [ ] Tell the practice about any new medication, supplement or skin problem.

Five to seven days before

- [ ] Stop blood-thinning supplements such as fish oil, vitamin E, ginkgo and arnica. Only do this if your prescriber agrees.
- [ ] If you get cold sores, ask whether antiviral cover is right for you.
- [ ] Keep your diary clear. Plan for three to seven days of possible peeling before any event.

48 hours before

- [ ] Stop vitamin C serum and any remaining active ingredients.
- [ ] Do not shave, thread or exfoliate the treatment area.
- [ ] Avoid alcohol the night before.

On the day

- [ ] Arrive with clean skin. No makeup, no SPF and no skincare on the treatment area.
- [ ] Eat normally and drink water before you come in.
- [ ] Confirm that nothing has changed since you filled in your intake form.
- [ ] Allow 30 to 45 minutes for the appointment.
- [ ] No numbing cream is used for this treatment, and none is needed.

FOR THE PRACTITIONER

- [ ] Intake questionnaire reviewed, dated and signed.
- [ ] Consent form signed by client and practitioner.
- [ ] Contraindications ruled out, including pregnancy, active infection and recent isotretinoin.
- [ ] Allergies confirmed, including sponge, silica and latex.
- [ ] Two-week washout from retinoids and acids confirmed.
- [ ] Baseline photographs taken in consistent lighting and stored in the record.
- [ ] Skin cleansed and fully dried before application.
- [ ] Aftercare sheet printed, explained and handed over.
- [ ] Post-treatment products and SPF 50 discussed.
- [ ] Next session booked.

Product and batch or lot number

Quantity used

Massage time

Areas treated

Client reaction during application

Time of departure

Anything unusual about today's session, and what you will change next time.

Client name

Practitioner name

Client signature

Practitioner signature

Date

Date

PART 4

Aftercare instruction sheet

Print this and hand it to the client before they leave. Send a copy to them digitally as well, so it is still there on day three when the peeling starts.

FIRST 4 TO 6 HOURS

- Leave the skin alone. Do not wash it, and do not apply anything unless your practitioner told you to.
- Expect a prickling, pins-and-needles feeling. That is the spicules sitting in the skin, and it is normal.
- Do not touch, rub or press the treated area.

FIRST 24 HOURS

- Rinse with lukewarm water only. No cleanser, no actives and no scrubs.
- Redness, warmth and mild swelling are normal, and usually settle within 12 to 24 hours.
- Itching often peaks around 24 hours. Do not scratch.
- Apply the moisturiser your practitioner recommended by pressing it in, not rubbing.
- No makeup on the treated area.
- No exercise, sauna, steam room, hot shower or swimming.
- Sleep with your head raised if the area feels swollen.

DAYS 2 TO 5

- Peeling usually begins around 48 hours and lasts two to five days.
- Do not pick, pull or scrub the peeling skin. Let it come away on its own.
- Keep moisturising every few hours, pressing the product in gently.
- Wear broad-spectrum SPF 50 every morning and reapply through the day.
- A histamine-type flare can appear around day three and settle within a day or two.
- Still no actives: no retinoids, acids, vitamin C, benzoyl peroxide or exfoliants.

DAYS 6 TO 14

- Once peeling has completely finished, reintroduce actives one product at a time.
- Keep wearing SPF 50 daily for at least four weeks.
- Wait at least two weeks before any other facial treatment.

WEEKS 2 TO 6

- Texture and tone keep improving as collagen remodels.
- Attend your next session on the date agreed with your practitioner.
- Photographs at each visit make the change easier to see.

CALL THE PRACTICE IF

- Redness or swelling gets worse after 48 hours instead of better.
- You develop pain, heat, pus or a spreading rash.
- You develop blistering, or a cold sore in the treated area.
- You have a fever.
- Anything at all worries you.

Practice name _____ Phone _____ Out-of-hours contact _____

Email _____ Treatment date _____ Next appointment _____

Client acknowledgement. I have received these aftercare instructions, they have been explained to me, and I have had the chance to ask questions.

Client name _____ Practitioner name _____

Client signature _____ Practitioner signature _____

Date _____ Date _____