

COLLAGEN INDUCTION THERAPY
JOURNEY BOOKLET

CLIENT NAME

CLINICIAN

INTRODUCTION TO

Collagen Induction Therapy

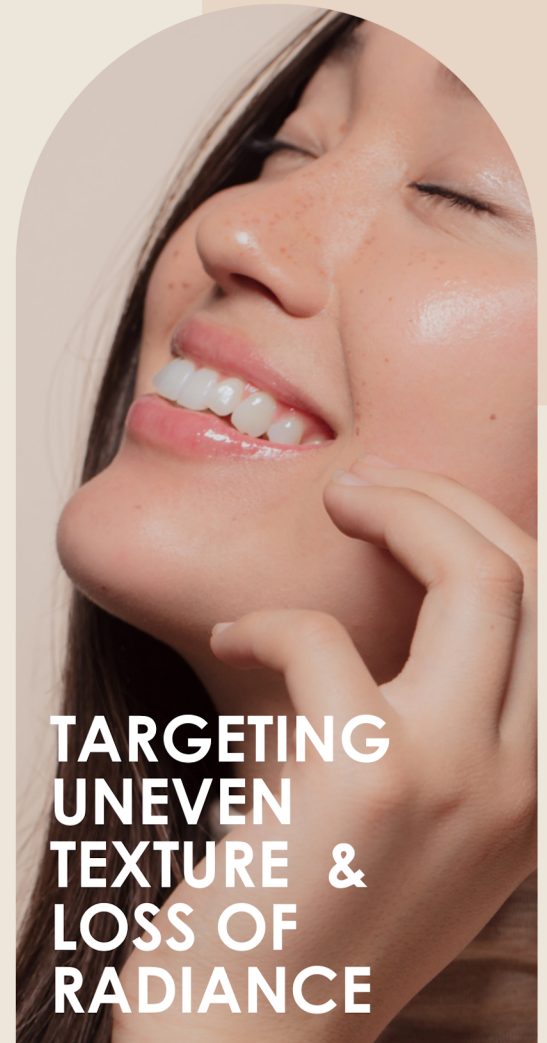
Collagen Induction Therapy or Microneedling is a minimally invasive non-surgical and non-ablative procedure that involves the use of medical-grade cone-shaped needles to displace the skin. This action creates a controlled injury to the skin and induces the skin's natural wound-healing response. As a result of the wound healing process, collagen and elastin production increases, and we achieve rejuvenation of the skin.

Indications

- Scarring
- Loss of firmness
- Wrinkles and fine lines
- Pigment disorders
- Enlarged pores
- Textural irregularities
- Stretch marks

Considerations

CIT may involve some minimal downtime, depending on the concern to be treated and the patient's skin health. Depending on the location and condition being treated CIT is best performed in a treatment course of 4-8 sessions at monthly intervals, with maintenance treatments recommended every 3-6 months. There is usually some downtime associated with CIT.



Goals & Expectations

What are your treatment expectations?

In what time frame do you expect to reach your goals?



CONTRAINDICATIONS

CIT

Please tick any of the below that apply to you:

- Treatment of mucous membrane of eye
- Treatment of areas with skin cancer
- History of Keloid scarring
- Tattoos
- Active herpes simplex, skin infections, raised moles, warts, photokeratoses
- Increased bleeding tendency or wound healing disorders (eg. Diabetes, haemophilia)
- Anti-coagulant therapy
- High doses of cortisone
- Pregnancy or trying to become pregnant
- Breast Feeding
- Children and adolescences
- Chemotherapy or Radiotherapy
- Cancer within 2 years
- User of Roaccutane in the last 6 months
- User of Retin-A or Tretinoin in the treatment area in the last 2 weeks
- Autoimmune, peripheral vascular or bleeding disorders
- Tanned (natural or fake) or sunburned skin
- Photosensitizing Medication or St Johns Wort
- Contagious Skin Disorders / Diseases (Impetigo, Chicken Pox, Mumps)
- Active Infections/virus (cold sores)
- Skin Irritation / Rash / Open Lesions / Allergic Skin Reaction
- Hypoesthesia (numbness)
- Active acne and nodular rosacea
- Immunosuppression
- Hepatic disease

Notes:



PRECAUTIONS

CIT

Please tick any of the below that apply to you:

- Feeling unwell, flu, common cold etc
- Smoking / Drugs
- Chronic disease
- Older / Inactive Client
- Allergies to latex or anaesthesia
- Client to stay out of sun for at least 4 weeks prior to treatment
- Fillers (within the past 4 weeks)
- Anti-wrinkle injections (Botox / Dysport) (within the past 2 weeks)
- Waxing, Plucking, Electrolysis, Laser (hair reduction or skin treatment) (within 2 weeks)
- Laser Treatment/Cosmetic Surgery (within 3 -6 months)
- Chemical Peel, Microneedling, Microblading, (within 2 weeks)
- Cosmeceutical Vitamin A, AHA's & BHA's, or Vitamin C (within the past 3 days)
- Clients prone to herpes simplex (without an active infection)
- Scars (less than 6 months old)

Notes:

COLLAGEN INDUCTION THERAPY (CIT)

Treatment Prep & What to Expect

Pre-treatment preparation and post-treatment care are vital steps in your CIT treatments. To ensure a safe treatment and to get the best results, please follow all advice provided and reach out to your treatment provider if you have any questions. Failure to follow the below advice may increase the risk of undesirable effects.

TREATMENT PREPARATION

DAILY

- A sunscreen with SPF 30 or greater should be applied to protect against UV damage.
- Follow your prescribed homecare routine as advised by your treatment provider.

4 WEEKS PRE-TREATMENT

- Avoid the use of fake tan and gradual tanning creams in the area to be treated.
- Avoid filler injections in the treatment area.
- Avoid IPL / laser photo rejuvenation and pigmentation treatments within the treatment area.
- Avoid tanning and incidental sun exposure, including tanning beds/booths (including between treatments). The area needs to be protected from the sun for safe and effective treatment.

2 WEEKS PRE-TREATMENT

- Prepare the skin with suitable skincare. This will include a tyrosinase inhibitor for Fitzpatrick Skin Types III+ and any skin prone to post-inflammatory hyperpigmentation (PIHP). Your treatment provider will advise you of your skincare recommendations.
- Avoid prescription-strength exfoliant creams on the treatment area.
- Avoid antiwrinkle injections (Botox / Dysport) in the treatment area.
- Avoid chemical peels, microdermabrasion, dermaplaning or any treatment that will compromise the skin barrier.

1 WEEK PRE-TREATMENT

- Avoid benzyl peroxide application in the treatment area.
- Avoid IPL / laser hair reduction in the treatment area.
- If prone to cold sores, please speak to your pharmacist about a prophylactic course of antiviral medication.

3 DAYS PRE-TREATMENT

- Avoid active skincare ingredients such as Vitamin A and Vitamin C.
- Avoid exfoliating agents, including AHA's, BHA's or granular exfoliating products.
- Avoid waxing, shaving, or epilating within the treatment area.

WHAT TO EXPECT

DURING THE TREATMENT

- Mild to moderate discomfort. This sensation is more evident in certain areas, such as the forehead and nose.
- A mild scratching sensation can be experienced but should always be tolerable.

IMMEDIATELY AFTER THE TREATMENT & UP TO 5 DAYS POST-TREATMENT

- The skin will feel warm, similar to a mild sunburn post-treatment, due to the normal inflammation process. This warm sensation can increase over the following 4 hours
- Pink/red skin
- Mild bruising
- Swelling
- Tight or dry sensation
- Peeling or flaking

1-3 WEEKS AFTER THE TREATMENT

- Transient breakouts may occur in some clients. Do not pop or pick the skin.

IMPORTANT



Throughout your treatment course, it is important to advise your treatment provider of any of the following:

- Sun exposure or fake tan application on the treatment area within the past 4 weeks
- Any new health conditions, or if you have been unwell
- Commencing any new medication (including short term doses)
- Changes to current medications or supplements
- If you are trying to become, or become pregnant

COLLAGEN INDUCTION THERAPY (CIT)

Aftercare

TIP: IT IS RECOMMENDED TO WASH YOUR PILLOWCASES, MAKEUP BRUSHES, MASKS AND ANY OTHER ITEMS THAT TOUCH YOUR SKIN IMMEDIATELY AFTER YOUR TREATMENT.

DAILY:

1. Cover the treated part completely with SPF30 or higher sunblock.
2. Avoid sun exposure to treated areas.
3. Avoid unnecessarily touching the skin. When essential, wash hands first.

FOR THE FIRST 24 HOURS POST-TREATMENT (OR UNTIL REDNESS SUBSIDES):

1. Do not apply a cold compress or ice to the skin, as this will affect the normal wound-healing process.
2. Avoid exercise and activities that increase perspiration and body temperature.
3. Avoid the use of pools, spas, and saunas.
4. Avoid extremely hot showers and baths.
5. Avoid makeup application.

UP TO 5 DAYS POST-TREATMENT:

1. Avoid the use of scented lotions or soaps.
2. Avoid the use of cosmeceutical Vitamin A and Vitamin C.
3. A gentle skincare routine is recommended during this time. Your treatment provider will recommend suitable skincare to protect and hydrate the skin.

UP TO 1 WEEK POST-TREATMENT:

1. Avoid the use of prescription-strength exfoliant creams (prescriptive vitamin A).
2. Avoid antiwrinkle injections and filler injections in the treatment area.

UP TO 2 WEEKS POST-TREATMENT:

1. Avoid exfoliating the skin, including AHA's, BHA's and granular scrubs.
2. Avoid picking or peeling the skin.
3. Avoid in-clinic exfoliating and rejuvenating treatments. Check with your treatment provider before proceeding with your next treatment.

IMPORTANT

- Contact your treatment provider if you notice any grazing, swelling, bruising or any other unexpected response.
- Your treatment provider will advise your treatment schedule. It is important to adhere to this regime for the best results.
- Throughout your treatment course, it is important to advise your treatment provider of any of the following as these will influence treatment safety and efficacy:

Sun exposure or fake tan application on the treatment area within the past four weeks
Any new health conditions, or if you have been unwell
Commencing any new medication (including short-term doses)
Changes to current medications or supplements
If you are trying to become or become pregnant

COLLAGEN INDUCTION THERAPY (CIT)



Client Consent

POTENTIAL (RARE) SIDE EFFECTS

CIT treatments are generally considered safe, effective treatments. However, in rare cases, unexpected results can arise, including:

- Aggravated Acne
- Extreme sensitivity
- Extreme redness
- Reactivation of Herpes
- Infection
- Extreme swelling
- Transient Pigment Abnormalities
- Granulomas
- Extreme heat

Please contact your treatment provider immediately if you experience any of these responses.

PLEASE SIGN

I, _____ certify that the information contained within this document is true and correct and that I have been advised and fully informed of the procedure and the nature of the process discussed, along with all risks, responses and pre and post-care instructions. I hereby authorize and direct my treatment provider to perform such services as prescribed.

My signature below acknowledges that:

- I have read, understand, and fully agree to the treatment and product prescription.
- I understand the risks and contraindications for the treatments that have been prescribed.
- I give consent to the prescribed treatments that has been satisfactorily explained to me and my questions have been addressed.
- I hereby give my consent and authorization for my treatment provide to carry out the prescribed services. I release this organisation and its therapists of any claims that I have or may have in the future in connection with the described application or service.

COLLAGEN INDUCTION THERAPY (CIT)

CLINICIAN USE ONLY:
Use the skin condition code to tag
conditions in the various zones of the
face, neck & decolletage.

Baseline Skin Analysis

Skin Type:

- D: Dry
- O: Oily
- COM: Combination
- N: Normal

Ageing:

- LE: Loss Of Elasticity
- DW: Dynamic Wrinkles
- SW: Static Wrinkles

Pigmentation:

- SL: Solar Lentigo
- SK: Solar Keratosis
- F: Freckles
- PHI: Post Inflammatory
- HPO: Hypopigmentation
- M: Melasma

Vascular:

- T: Telangiectasia
- R: Redness
- BC: Broken Capillaries
- RC: Rosacea
- CA: Cherry Angioma

Acne:

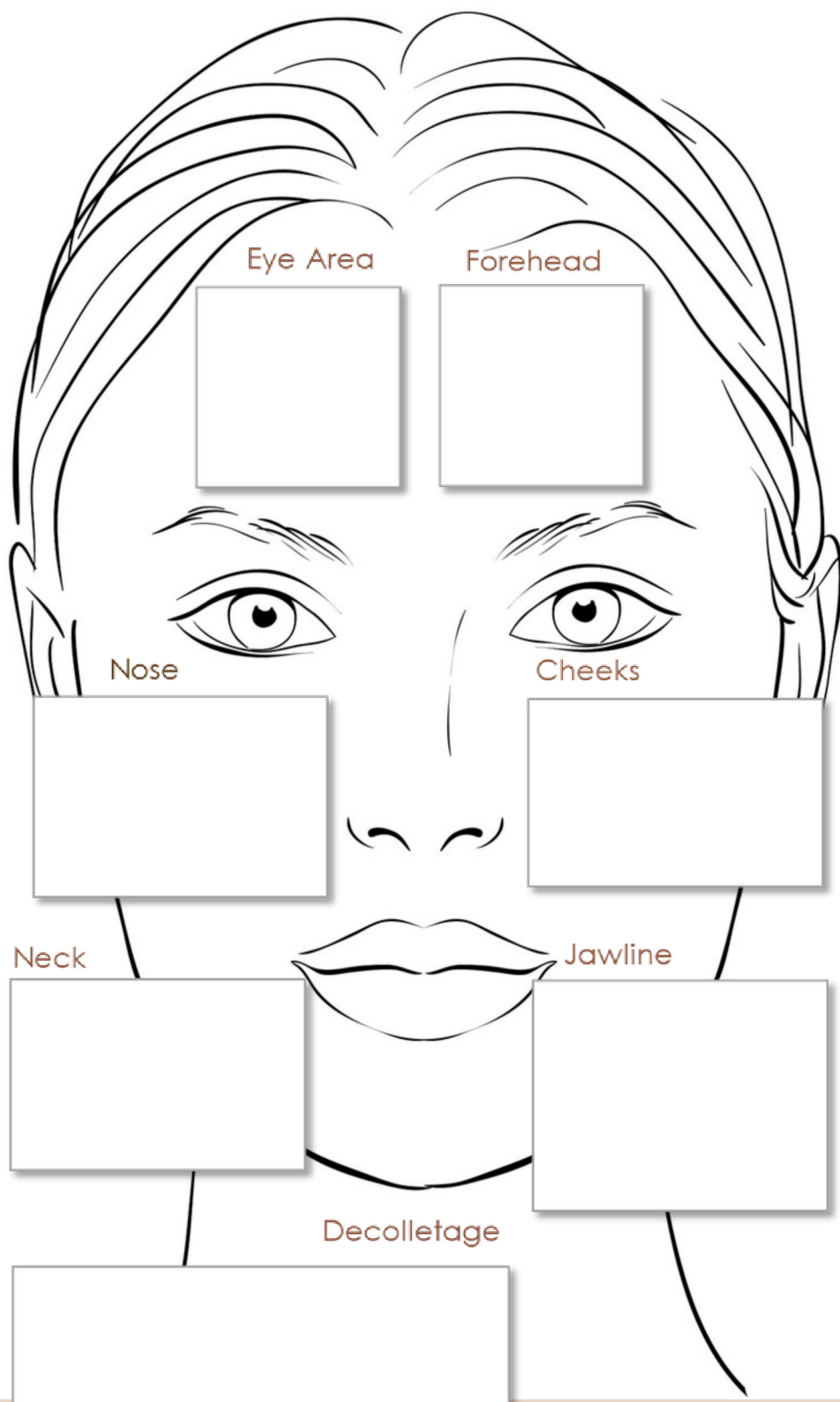
- P: Papules
- PU: Pustules
- C: Cysts
- CO: Congestion
- IA: Inflamed Acne
- EP: Enlarged Pores

Hair Growth:

- THG: Terminal Hair Growth
- VHG: Vellus Hair Growth
- DC: Dark Color
- BC: Blonde Colour
- RC: Red Colour
- GC: Grey Colour

Other:

- UT: Uneven Texture
- ST: Scar Tissue
- F: Filler
- B: Botox
- CT: Cosmetic Tattoo
- S: Sensitised
- DH: Dehydrated
- IB: Impaired Barrier



COLLAGEN INDUCTION THERAPY (CIT)

CLINICIAN USE ONLY:
Use the skin condition code to tag conditions in the various zones of the body.

Baseline Skin Analysis

Aging:

- LE: Loss Of Elasticity
- DW: Dynamic Wrinkles
- SW: Static Wrinkles

Pigmentation:

- SL: Solar Lentigo
- SK: Solar Keratosis
- F: Freckles
- PHI: Post Inflammatory
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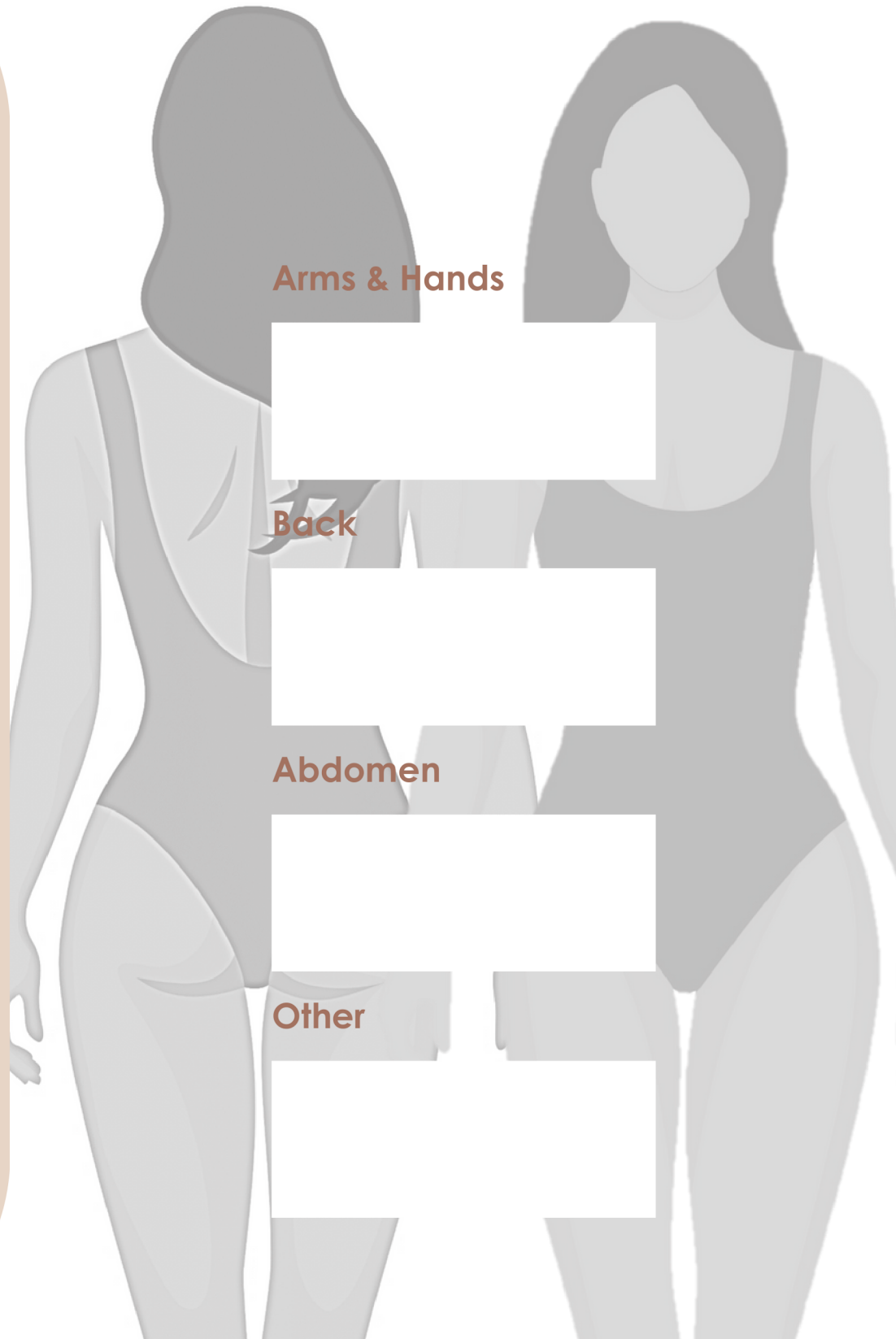
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Other:

- UT: Uneven Texture
- ST: Scar Tissue
- S: Sensitised
- DH: Dehydrated
- IB: Impaired Barrier
- KP: Keratosis Pilaris
- IH: Ingrown Hairs
- C: Cellulite
- SM: Stretch Marks
- FR: Fluid Retention
- T: Tattoo



COLLAGEN

INDUCTION THERAPY (CIT)

Treatment Record & Client Consent

CLIENT CONSENT

TREATMENT 1

Client Full Name

Client Signature Date

Witness Signature Date

PHOTOS TAKEN & FILED

TREATMENT PARAMETERS

CLINICIAN USE ONLY

Needle depth & location:

Speed:

Number of passes:

SKIN & BODY CARE PRESCRIPTION

LIFESTYLE PRESCRIPTION

NOTES

SKIN RESURFACING & LIFTING



COLLAGEN

INDUCTION THERAPY (CIT)

Treatment Record & Client Consent

CLIENT CONSENT

TREATMENT 2

Client Full Name

Client Signature Date

Witness Signature Date

PHOTOS TAKEN & FILED

TREATMENT PARAMETERS

CLINICIAN USE ONLY

Needle depth & location:

Speed:

Number of passes:

SKIN & BODY CARE PRESCRIPTION

LIFESTYLE PRESCRIPTION

NOTES

SKIN RESURFACING & LIFTING



COLLAGEN

INDUCTION THERAPY (CIT)

Treatment Record & Client Consent

CLIENT CONSENT

TREATMENT 3

Client Full Name

Client Signature Date

Witness Signature Date

PHOTOS TAKEN & FILED

TREATMENT PARAMETERS

CLINICIAN USE ONLY

Needle depth & location:

Speed:

Number of passes:

SKIN & BODY CARE PRESCRIPTION

LIFESTYLE PRESCRIPTION

NOTES

SKIN RESURFACING & LIFTING



COLLAGEN

INDUCTION THERAPY (CIT)

Treatment Record & Client Consent

CLIENT CONSENT

TREATMENT 4

Client Full Name

Client Signature Date

Witness Signature Date

PHOTOS TAKEN & FILED

TREATMENT PARAMETERS

CLINICIAN USE ONLY

Needle depth & location:

Speed:

Number of passes:

SKIN & BODY CARE PRESCRIPTION

LIFESTYLE PRESCRIPTION

NOTES

SKIN RESURFACING & LIFTING



COLLAGEN

INDUCTION THERAPY (CIT)

Treatment Record & Client Consent

CLIENT CONSENT

TREATMENT 5

Client Full Name

Client Signature Date

Witness Signature Date

PHOTOS TAKEN & FILED

TREATMENT PARAMETERS

CLINICIAN USE ONLY

Needle depth & location:

Speed:

Number of passes:

SKIN & BODY CARE PRESCRIPTION

LIFESTYLE PRESCRIPTION

NOTES

SKIN RESURFACING & LIFTING



COLLAGEN

INDUCTION THERAPY (CIT)

Treatment Record & Client Consent

CLIENT CONSENT

TREATMENT 6

Client Full Name

Client Signature Date

Witness Signature Date

PHOTOS TAKEN & FILED

TREATMENT PARAMETERS

CLINICIAN USE ONLY

Needle depth & location:

Speed:

Number of passes:

SKIN & BODY CARE PRESCRIPTION

LIFESTYLE PRESCRIPTION

NOTES

SKIN RESURFACING & LIFTING



COLLAGEN

INDUCTION THERAPY (CIT)

Treatment Record & Client Consent

CLIENT CONSENT

TREATMENT 7

Client Full Name

Client Signature Date

Witness Signature Date

PHOTOS TAKEN & FILED

TREATMENT PARAMETERS

CLINICIAN USE ONLY

Needle depth & location:

Speed:

Number of passes:

SKIN & BODY CARE PRESCRIPTION

LIFESTYLE PRESCRIPTION

NOTES

SKIN RESURFACING & LIFTING



COLLAGEN

INDUCTION THERAPY (CIT)

Treatment Record & Client Consent

CLIENT CONSENT

TREATMENT 8

Client Full Name

Client Signature Date

Witness Signature Date

PHOTOS TAKEN & FILED

TREATMENT PARAMETERS

CLINICIAN USE ONLY

Needle depth & location:

Speed:

Number of passes:

SKIN & BODY CARE PRESCRIPTION

LIFESTYLE PRESCRIPTION

NOTES

SKIN RESURFACING & LIFTING



COLLAGEN

INDUCTION THERAPY (CIT)

Treatment Record & Client Consent

CLIENT CONSENT

TREATMENT 9

Client Full Name

Client Signature Date

Witness Signature Date

PHOTOS TAKEN & FILED

TREATMENT PARAMETERS

CLINICIAN USE ONLY

Needle depth & location:

Speed:

Number of passes:

SKIN & BODY CARE PRESCRIPTION

LIFESTYLE PRESCRIPTION

NOTES

SKIN RESURFACING & LIFTING



COLLAGEN

INDUCTION THERAPY (CIT)

Treatment Record & Client Consent

CLIENT CONSENT

TREATMENT 10

Client Full Name

Client Signature Date

Witness Signature Date

PHOTOS TAKEN & FILED

TREATMENT PARAMETERS

CLINICIAN USE ONLY

Needle depth & location:

Speed:

Number of passes:

SKIN & BODY CARE PRESCRIPTION

LIFESTYLE PRESCRIPTION

NOTES

SKIN RESURFACING & LIFTING



COLLAGEN

INDUCTION THERAPY (CIT)

Treatment Record & Client Consent

CLIENT CONSENT

TREATMENT 11

Client Full Name

Client Signature Date

Witness Signature Date

PHOTOS TAKEN & FILED

TREATMENT PARAMETERS

CLINICIAN USE ONLY

Needle depth & location:

Speed:

Number of passes:

SKIN & BODY CARE PRESCRIPTION

LIFESTYLE PRESCRIPTION

NOTES

SKIN RESURFACING & LIFTING



COLLAGEN

INDUCTION THERAPY (CIT)

Treatment Record & Client Consent

CLIENT CONSENT

TREATMENT 12

Client Full Name

Client Signature Date

Witness Signature Date

PHOTOS TAKEN & FILED

TREATMENT PARAMETERS

CLINICIAN USE ONLY

Needle depth & location:

Speed:

Number of passes:

SKIN & BODY CARE PRESCRIPTION

LIFESTYLE PRESCRIPTION

NOTES

SKIN RESURFACING & LIFTING

