CLIENT INFORMATION & MEDICAL HISTORY

In order to provide you with the most appropriate laser treatment, we need you to complete the following questionnaire. All information is strictly confidential.

PERSONAL HISTORY

Client Name _____ Today's Date _____

Date of Birth_____Age_____Occupation_____

Home Address_____ City_____ State_____

Home Phone (_____)_____ Mobile Phone _____

Emergency Contact Name and Phone_____

How did you hear about us? Please circle one

INTERNET SEARCH (Google / Yahoo / MSN): Search Term Used: _____

ONLINE YELLOW PAGES DRIVE-BY REFERRED BY: _____

OTHER: _____

Which of the following best describes your skin type? (Please circle one type number)

I	Always burns, never tans	IV	Rarely burns, always tans
II	Always burns, sometimes tans	V	Brown, moderately pigmented skin
III	Sometimes burns, always tans	VI	Black skin

How old is your tattoo?_____Is it homemade or professional? _____

MEDICAL HISTORY

Are you currently under the care of a physician? ❑Yes ❑ No If yes, for what:_____

Are you currently under the care of a dermatologist? ❑Yes ❑No If yes, for what:_____

Have you ever had a reaction to a previous laser treatment, heat treatment or radiation therapy? ❑Yes ❑No

Do you have any of the following medical conditions? (Please check all that apply)

❑Cancer ❑Diabetes ❑Herpes ❑Arthritis ❑Frequent cold sores ❑HIV/AIDS ❑Keloid scarring ❑Skin disease/Skin lesions ❑Seizure disorder ❑Hepatitis ❑Blood clotting abnormalities ❑Any active infection

Do you have any other health problems or medical conditions? Please list: _____

MEDICATIONS

What oral medications are you presently taking? Please List: _____

Have you ever used **Accutane**? (used for acne) ❑Yes ❑No, If yes, when did you last use it?_____

What topical medications or creams are you currently using? ❑ Retin-A® ❑Others (Please list): _____

Have you ever had an allergic reaction to any medication? Please List: _____

HISTORY

Do you currently have a sunburn? ❑Yes ❑No

Do you form thick or raised scars from cuts or burns? ❑Yes ❑No

Do you have Hyperpigmentation (darkening of the skin) or Hypopigmentation (lightening of the skin) or marks after physical trauma? ❑Yes ❑No

If yes, please describe: _____

For our female clients:

Are you pregnant or trying to become pregnant? ❑Yes ❑No Are you breastfeeding? ❑Yes ❑No

I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician, doctor or nurse of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

Signature_____ Date:_____

Informed Consent for Laser Tattoo Removal

I, _____ consent to and authorise Laser-Tattoff to perform multiple treatments, laser procedures and related services on me. The procedure planned uses laser technology for the removal of tattoos.

As a patient you have the right to be informed about your treatment so that you may make the decision whether to proceed for laser tattoo removal or decline after knowing the risks involved. This disclosure is to help to inform you prior to your consent for treatment about the risks, side effects and possible complications related to laser tattoo removal:

The following problems may occur with the tattoo removal system.

1. **The possible risks of the procedure include but are not limited to** pain, swelling, redness, bruising, blistering, crusting/scab formation, ingrown hairs, infection, and unforeseen complications which can last up to many months, years or permanently.

2. **There is a risk of scarring.** Scarring happens but is uncommon. Scarring can be permanent.

3. **Short term effects may include reddening, mild burning, temporary bruising or blistering.** A brownish/red darkening of the skin (known as **hyperpigmentation**) or lightening of the skin (known as **hypopigmentation**) may occur at times up to 3-6 months, years or permanently following treatment. Loss of freckles or pigmented lesions can occur.

4. Textual changes in the skin can occur and can be permanent.

5. **Infection:** Although infection following treatment is unusual, bacterial, fungal and viral infections can occur. Should any type of skin infection occur, additional treatments or medical antibiotics might be necessary?

6. **Bleeding:** Pinpoint bleeding is rare but can occur following treatment procedures. Please follow the basic after-care instructions to prevent the risk of infection.

7. **Allergic Reactions:** Upon dissemination, the pigments can induce a severe allergic reaction that can occur with each successive treatment. This may occur if you are allergic to the ink in your tattoo, or to the topical antiseptic (Neosporin or similar) applied after the laser procedure.

8. I understand that exposure of my eyes to light could harm my vision. I must keep the eye protection goggles on at all times.

9. Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, and hyper-pigmentation.

Occasionally, unforeseen mechanical problems may occur and your appointment will need to be rescheduled. We will make every effort to notify you prior to your arrival to the office. Please be understanding if we cause you any inconvenience. We occasionally may use photographs taken before or after treatments in order to assess, promote, train, or improve our services. These will be used anonymously and only include the treated area and not associated with any particular patient.

ACKNOWLEDGMENT:

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release Laser-Tattoff, its staff, and medical director from all liabilities associated with the above-indicated procedure.

Client/Guardian Signature_____ Date: _____

Certified Laser Specialist _____ Date: _____