

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:_____ Date:_____

Date of Birth:_____Occupation_____

Home Address:_____

City:_____ State:_____ Zip Code:_____

Home Phone: (___)_____ Cell Phone: (___)_____

Email:_____

How were you referred to us?_____

Location of tattoo?_____

How old is the tattoo?_____

Color of Ink(s)?_____

Is your tattoo a cover up? Y or N

EMERGENCY CONTACT INFORMATION

Name:_____ Phone:(___)_____

Client Signature_____ Date_____

MEDICAL HISTORY

Are you currently under the care of a physician? Y or N

If yes, please describe why:_____
_____

Are you currently under the care of a dermatologist? Y or N

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

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

Do you tan, spray tan, self-tan, or do treatments regularly? Y or N

(If yes) How often?_____ Last tan date_____

Have you had any recent tanning or sun exposure that changed the color or your skin? Y or N

Do you have Hyperpigmentation (darkening of the skin) or Hypopigmentation (lighting of the skin) or marks after physical trauma? Y or N

If yes, please describe:_____
_____

Do you form thick or raised scars from cuts or burns? Y or N

Have you ever had laser hair removal? Y or N

If yes, have you used any of the following hair removal methods in the past six weeks?

- ❑ Shaving
- ❑ Waxing
- ❑ Electrolysis
- ❑ Plucking
- ❑ Tweezing
- ❑ Stringing
- ❑ Depilatories

Do you have a history of Erythema Ab Igne? Y or N

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

- ❑ Cancer
- ❑ Diabetes
- ❑ High Blood Pressure
- ❑ Herpes
- ❑ Arthritis
- ❑ Frequent Cold Sores
- ❑ HIV/AIDS
- ❑ Keloid scarring
- ❑ Skin disease/lesions
- ❑ Seizures
- ❑ Hepatitis
- ❑ Blood clotting abnormalities
- ❑ Any active infection

Do you have any other health problems or medical conditions? If so please list: _____
_____

Have you had any known reaction to any of the following? (Please check all that apply and describe the reaction you experienced)

- ❑ Latex
- ❑ Lidocaine
- ❑ Hydrocortisone
- ❑ Aquaphor
- ❑ Neosporin
- ❑ Rubbing Alcohol

Have you had any known allergies? Y or N (If yes please explain)
_____

Are you allergic to or had any allergic reactions to red ink? Y or N

For our female clients:
Are you pregnant? Y or N

Are you breastfeeding? Y or N

MEDICATIONS

List all medications currently taking:_____

_____

Are you on any mood altering or anti-depression medication? Y or N
If yes, please list:_____

Have you used Accutane or Retin-A? Y or N
If yes, when?_____

Are you currently using herbal supplements regularly? Y or N
If yes, please list:_____

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, esthetician, therapist, doctor, or nurse of my current medical health or health conditions and to update this history. A current medical history is essential for the Technician to execute appropriate treatment.

Signature_____ Date_____

Informed Consent for Laser Tattoo Removal

I,_____ consent to and authorize Clear Out Ink Laser Tattoo Removal, LLC and members of his/her staff to perform multiple treatments, laser procedures, and all 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 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, purpura, 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.**

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. This usually resolves in weeks, but it can take up to 3-6 months to heal. Permanent color change is a rare risk. Loss of freckles or pigmented lesions can occur.

4. **Textural and/or color changes in the skin can occur and can be permanent:** Many of the cosmetic tattoos and body tattoos are made with iron oxide pigments. Iron oxide can turn red-brown or black. Titanium oxide and other pigments may also turn black. This black or dark color may be unremovable. Because of the immediate whitening of the exposed treated area by the laser, there can be a temporary obscuring of ink, which can make it difficult or impossible to notice a specific color change from the tattoo removal process.

5. **Infection:** Although infection following treatment is unusual, bacterial, fungal and viral infections can occur. Herpes Simplex viral infections around the mouth can occur following a treatment. This applies to individuals with a past history of Herpes Simplex virus infections, and individuals with no known history of Herpes Simplex virus infections in the mouth area. Should any type of skin infection occur, additional treatments or medical antibiotics may be necessary.

6. **Bleeding:** Pinpoint bleeding is rare but can occur following treatment procedures. Should bleeding occur, additional treatment may be necessary.

7. **Allergic Reactions:** There have been reports of hypersensitivity to the various tattoo pigments during the tattoo removal process, especially if the tattoo pigment contained Mercury, Cobalt or Chromium. Upon dissemination, the pigments can induce a severe allergic reaction that can occur with each successive treatment. Noted in some patients are superficial erosions, bruising, blistering, milia, redness and swelling which can last up to many months, years or permanently.

8. Compliance with aftercare guidelines is crucial for healing, prevention of scarring and hyperpigmentation. Aftercare guidelines include avoiding the sun for 2 months after the procedure. If it is necessary to be in the sun, a sunscreen with SPF 25 or greater must be used.

9. I understand that multiple treatments will be necessary to achieve desired results. No guarantee, warranty or assurance has been made to me as to the results that may be obtained. Complete tattoo removal is not always possible as tattoos were meant to be permanent.

10. **Photography:** We require photography to accurately determine what you looked like before and after treatment. We follow HIPAA Guidelines for patient privacy but will decline to treat you without the ability to document our results. Your consent here is also your consent to photograph or videotape the procedure(s) to be performed, including appropriate portions of your body, for medical, scientific, educational and promotional purposes, providing your identity is not revealed by the pictures. It is also your consent to have your photographs emailed to you to see your own results as well as showing before and after results online. “With your permission”.

11. **Cancelations:** We make appointments easy and convenient for you. If you are unable to keep your appointment, we require at least 24 hours’ notice, so we can schedule another time that works for you. A charge of $50 will be added to your next visit without proper notice.

12. **All sales are Final.** All payments made in advance for tattoo removal i.e. Packages (buy 3, get 1 free) **expire 1 year after purchase**/(buy 5, get 2 free) **expire 2 years after purchase**. Gift certificates or prepay (Zelle, Venmo, CashApp, etc) **will not be refunded** for any circumstances.

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. We appreciate your understanding and apologize for the inconvenience.

ACKNOWLEDGEMENT:

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release **Anthony Amesquita** (individual) and **Clear Out Ink Laser Tattoo Removal, LLC** (facility) from all liabilities associated with the above indicated procedure.

Client/Guardian Signature:_____ Date:_____

Laser Technician Signature:_____ Date:_____

After Care Instructions

The tattoo removal laser treatment may create a superficial burn wound. Some clients may experience burning, bruising, itching, or swelling. There is immediate whitening of the treated area, which usually lasts for several minutes. Many clients then develop blisters, crusts, or scabs within 12 to 72 hours, which may last 1 to 2 weeks or more. The treated areas may be pink or pale after the scab separates. Loss of skin pigment in the treated area is common, and is usually temporary. Healing is usually complete by 6 to 8 weeks.

1. Keep the treated area clean and dry while it is healing. Clean the area gently with soap and water, then gently pat the area dry. You may apply a thin coating of antibiotic ointment up to three times a day while the area is healing if you keep the area covered with a sterile dressing.

2. You may apply cool compresses as necessary for 24 hours after the laser treatment to help reduce discomfort and inflammation. You may take plain Tylenol, but avoid Aspirin as it can increase the risk of bruising and/or bleeding.

3. Do not pick at the scab or allow the skin to become scraped, as this may result in infection and scarring. Shaving should be avoided in the treated area until it is completely healed.

4. Do not wear makeup or any cream/medication unless recommended by our office for 48 hours.

5. Wear a sunblock with an SPF of 25 or higher over the area for 3 months following the treatment.

6. If the area looks infected (honey colored crusting and oozing or spreading redness), if you experience an unusual discomfort or bleeding, if any other complications develop, or if you have any questions or concerns, contact the office immediately. Of course, if you have any extreme reaction (such as moderate to severe facial swelling, moderate to severe rash, any difficulty breathing, or you are in distress) call 911 and go to the emergency department.