



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: (\_\_\_\_) \_\_\_\_\_ Work 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

If yes, please describe why: \_\_\_\_\_

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 of 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

**For our female clients:**

Are you pregnant? Y or N

Are you breastfeeding? Y or N

Are you using a contraception? 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
- Hormone Imbalance
- Thyroid Imbalance
- Blood clotting abnormalities
- Any active infection

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

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

- Food
- Latex
- Aspirin
- Lidocaine
- Hydrocortisone
- Hydroquinone or skin bleaching agents
- Other \_\_\_\_\_

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

**MEDICATIONS**

List of medications currently taking: \_\_\_\_\_  
\_\_\_\_\_

Are you on any mood altering or anti-depression medication? \_\_\_\_\_

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 caregiver to execute appropriate treatment procedures.***

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 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.



## 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.