Norfolk Laser Clinic, Tattoo Removal

Client's full name: ……...

Street address: ……...

Town: ……...

County: ……...

Postcode: ……...

Contact no: ……...

Email: ……...

Occupation: ……...

Name of Doctor: ……...

Surgery: ……...

Date of birth: ……...

Skin Type: Caucasian / African / Asian / Other

Skin Sensitivity: Normal / Sensitive

Treatment	Tattoo	Date	Amount	Notes

Client full name/date: ……...

Client signature: ……...

P Smith signature: ……...

Treatment Areas

Tattoo 1	
Tattoo size	
Tattoo description	
Tattoo age	
Tattoo location	
Tattoo condition	Faded / Normal / Blurred
Is this a cover up?	Yes / No
Previous removal attempts?	Eg Laser, Creams, Self-removal…Yes / No
Any signs of scarring?	Raised or different texture…Yes / No

Tattoo 2	
Tattoo size	
Tattoo description	
Tattoo age	
Tattoo location	
Tattoo condition	Faded / Normal / Blurred
Is this a cover up?	Yes / No
Previous removal attempts?	Eg Laser, Creams, Self-removal…Yes / No
Any signs of scarring?	Raised or different texture…Yes / No

Tattoo 3	
Tattoo size	
Tattoo description	
Tattoo age	
Tattoo location	
Tattoo condition	Faded / Normal / Blurred
Is this a cover up?	Yes / No
Previous removal attempts?	Eg Laser, Creams, Self-removal…Yes / No
Any signs of scarring?	Raised or different texture…Yes / No

Client full name/date: ……...

Client signature: ……...

P Smith signature: ……...

Medical Health Form

List all the medications you have been taking in the last 6 months:

…….. ……

…….. ……

…….. ……

Have you taken any of the following in the last 2 days?

Aspirin: Yes / No Ibuprofen: Yes / No Alcohol: Yes / No

Do you smoke or have you recently given up (less than 16 weeks)?

Yes / No

Do you use Nicotine patches or gum or have recently stopped using them?

Yes / No

Have you received chemotherapy or radiation treatment in the last few years?

Yes / No

Have you had a dental injection to numb your mouth recently?

Yes / No

Prior to dental procedures do you receive antibiotic therapy?

Yes / No

Client full name/date: ……...

Client signature: ……...

P Smith signature: ……...

Allergies: Have you ever had an allergic reaction to any of the following:

Lanolin: Yes / No	Drugs: Yes / No	Nuts: Yes / No
Paints: Yes / No	Foods: Yes / No	Metals: Yes / No
Hair Dyes: Yes / No	Crayons: Yes / No	Glycerine: Yes / No
Medication: Yes / No	Lidocaine: Yes / No	Latex: Yes / No
Antibiotic ointment: Yes / No		

Details: …….

Other allergies: ……...

Any allergies to anaesthetics: Yes / No

Which ones? ……...

Are you pregnant or breastfeeding? Yes / No

Do you have an MRI scan scheduled in the next 3 months? Yes / No

Do you have Laser or IPL scheduled in the next 3 months? Yes / No

Do you give blood? Yes / No

Client full name/date: ……...

Client signature: ……...

P Smith signature: ……...

Abnormal heart condition	Yes/No
Mitral valve prolapsed	Yes/No
Heart murmur	Yes/No
Artificial heart valves	Yes/No
Pacemaker	Yes/No
Rheumatic fever	Yes/No
Anaemia	Yes/No
Haemophilia	Yes/No
Prolonged bleeding	Yes/No
High blood pressure	Yes/No
Low blood pressure	Yes/No
Circulatory problems	Yes/No
Diabetes	Yes/No
Epilepsy	Yes/No
Fainting spells or dizziness	Yes/No
Liver disease	Yes/No
Kidney disease	Yes/No
Stomach ulcers	Yes/No
Auto immune conditions	Yes/No
Systemic lupus erythematous	Yes/No
Tumours, growths or cysts	Yes/No
Cancer	Yes/No
Leukaemia	Yes/No
Tuberculosis	Yes/No
HIV	Yes/No
Hepatitis	Yes/No
Stroke	Yes/No
Gortex Implants (Lips)	Yes/No
Other	Yes/No

Prosthetic hip or joint	Yes/No
Palpitations	Yes/No
Shingles	Yes/No
Asthma	Yes/No
Trichotillomania	Yes/No
Scar easily	Yes/No
Healing problems	Yes/No
Hyper-pigment post injury	Yes/No
Hypertrophic scars/family sufferer	Yes/No
Keloid scars/family sufferer	Yes/No
Bleed or bruise easily	Yes/No
Accutane within 6 months	Yes/No
Cortisone within 6 months	Yes/No
Chemical peel within 6 months	Yes/No
Micro-dermabrasion	Yes/No
Laser within 6 months	Yes/No
AHA peels within 2 weeks	Yes/No
Retin A within 6 months	Yes/No
Use of sun bed	Yes/No
Vitiligo	Yes/No
Impetigo	Yes/No
Dermatitis	Yes/No
Eczema	Yes/No
Psoriasis	Yes/No
Acne	Yes/No
Acne rosacea	Yes/No
Cold sores (herpes simplex)	Yes/No
Latex allergy	Yes/No
Other	Yes/No

Client full name/date: ……...

Client signature: ……...

P Smith signature: ……...

Removal Consent and Procedure Permit

I acknowledge by signing this agreement that I have been given the full opportunity to ask any questions which I might have about obtaining tattoo removal from **Philip Smith** and that all my questions have been answered to my satisfaction.

I hereby authorise **Philip Smith** to perform upon myself the pigment / ink removal service and if any unforeseen condition arises in the course of the service(s) I further request and authorise him to use his full judgement and do whatever he deems advisable and necessary in the circumstances.

I do not have any of the following conditions: haemophilia, diabetes, epilepsy or systemic lupus erythematous (SLE). I am not infected with the HIV virus or the Hepatitis B or C viruses. To my knowledge I do not have any other communicable diseases.

I do not have bleeding or clotting disorders or presently take medication that prevents my blood from clotting.

I understand that I have had explained and fully understand all of the aftercare procedures and agree to follow the said instructions as indicated.

I am not under the influence of alcohol or drugs.

I certify that I am at least 18 years of age.

I understand that tattoos can take several treatment sessions to remove dependant on the depth of the implanted pigment / ink in the skin.

I understand that some tattoos may require additional treatments due to high levels of ink present.

I understand that some old tattoos may require additional treatments because they have a greater attachment to the skin.

I accept that large tattoos or arm band tattoos will require removal in sections over separate sessions.

I acknowledge that a maximum continuous area of 5 sq cm will be treated in a session to minimise discomfort and the risk of infection during the healing process.

I understand that even though the removal process is well tolerated by the skin that there is a small risk of scarring. Studies carried out in 2001 concluded that scarring in the removal of tattoos was 6%.

I acknowledge that the risk of scarring is relatively small and accept that the benefit of the removal of the implanted pigment / ink outweighs the risk of potential scarring.

I understand that a thin scab will form over the treated are and may remain for up to 25 days. I will keep the area dry at all times and will not force remove the crust.

I understand that 6 weeks must pass before a treated area can be retreated to allow the skin to fully heal.

Client full name/date: ……...

Client signature: ……...

P Smith signature: ……...

I understand that there is a possibility of infection during the healing process and agree to follow the aftercare advice to avoid these circumstances. I confirm that if I am in a situation of my getting an infection I will visit my doctor immediately.

I understand that no guarantee can be made on the likely success of the treatment. However, the published success rate of permanent make-up removal is 100% and body tattoo removal is 92%.

I release and forever discharge **Philip Smith** from any and all claims, damages and legal action arising or connected in any way with my tattoo removal service(s) and conduct used to remove my tattoo.

I CERTIFY THAT I HAVE READ, HAVE HAD EXPLAINED TO ME, AND FULLY UNDERSTOOD THE ABOVE CONSENT FORM AND THAT I HAVE REQUESTED TO HAVE THE TATTOO REMOVAL OF MY OWN FREE WILL.

Client full name/date: ……...

Client signature: ……...

P Smith signature: ……...

Photographic Evidence Form

I, (Clients name) …….

Sign to say this is a true picture of the area to be treated. I consent also to digital photos being taken immediately after my treatment so that there is a true comparison between treatments.

Client full name/date: ……...

Client signature: ……...

P Smith signature: ……...

I, (Clients name) …….

Sign to give consent to my digital photos being used for advertising purposes by Norfolk Laser Clinic.

Client full name/date: ……...

Client signature: ……...

P Smith signature: ……...

Contact Agreement Form

Regular contact between client and **Philip Smith** is vital. Whilst we will ensure to keep in regular contact with you as a duty of aftercare, you must keep us updated about the treatment area. This helps us to ensure that the area is looked after and we are aware of any issues or concerns immediately. This can be done via email, Facebook message or telephone call.

We ask all clients to respect the aftercare and remain in contact to help us continue in our services and provide maximum care for everyone.

Client full name/date: ……...

Client signature: ……...

P Smith signature: ……...

Aftercare Instructions

Proper after-care is vital to achieve the best results from the treatment and to help avoid post-treatment complications, including the risk of infection and scarring.

Description of the healing process:

A thin protective crust will form on the area and will darken a few days after the treatment.

Some skin redness will develop near the crust edge.

The crust will become thick and in week 2 will begin to loosen.

When the area begins to itch, the crust will lift off 3-4 days later.

Once the crust lifts off, the area may be red, raised, dipped or have a pink halo effect around it.

We strongly advise that you **purchase Cica Silicone Sheets** and apply for the full healing duration. **Your choice to ignore this may result in collagen regeneration on the treated area.**

The skin will slowly return to normal over 1 to 12 months and any redness should diminish.

Immediate care:

Avoid prolonged abrasion from clothing or other surfaces.

The thin protective crust must be kept dry at all times and not become wet or damp when bathing. Never allow the crust to become gooey by soaking in the bath, swimming, or direct shower spray.

If the crust does become wet gently press it dry with a clean tissue.

Avoid heavy work-outs or excess sweating which will dampen the crust and lead to infection.

If the crust becomes wet, continues to weep excessively, or is subject to cracking due to movement or external forces, it is imperative you contact **Philip Smith.**

If the infection remains then consult your doctor to obtain oral antibiotics. Do not allow medical staff to forcibly remove the crust as this will cause excessive trauma to the skin and will result in scarring. **Philip Smith** will advise you what to do.

After care:

The treated area can be more sensitive to sun exposure for some months after treatment. Use a sun block of at least SPF 25 and avoid prolonged exposure. Once fully healed the area should still tan as normal.

If you need advice or have any questions about your treatment or the healing process please contact **Philip Smith.**

I agree that I have read the aftercare instructions and agree to follow the aftercare advice.

Client full name/date: ……...

Client signature: ……...

P Smith signature: ……...

I ACKNOWLEDGE THAT I (FULL NAME) ……...

HAVE READ AND FULLY UNDERSTAND ALL OF THE FOLLOWING DOCUMENTATION WHICH HAS BEEN SIGNED BY MYSELF AND THE TECHNICIAN (PAGES 1 – 10)

- Client information and treatment information
- Medical health form
- Removal consent and procedure permit
- Photographic evidence form
- Contact agreement form
- Aftercare instructions

Client full name/date: ……...

Client signature: ……...

P Smith signature: ……...