

Informed Consent for Laser Tattoo Removal

Customer's name: _____ Date: _____

I, _____ consent to and authorize **Tatts No Good** and members of their 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 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, 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. **Textual 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 un-removable. 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 virus infections around the mouth can occur following a treatment. This applies to both 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 the aftercare guidelines is crucial for healing, prevention of scarring, and hyper-pigmentation. 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.

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.

ACKNOWLEDGMENT:

My questions regarding the procedure have been answered satisfactorily. I understand the details of the procedure and completely accept all risks. I hereby release Eric Lang DO/Tari Kinyon (individuals) and Tatts No Good (facility) from all liabilities associated with the above indicated procedure.

Client/Guardian Signature _____ **Date** _____

Laser Technician Signature _____ **Date** _____

Fitzpatrick Skin Type Worksheet

Name:			Date:			
Score		0	1	2	3	4
	What is the color of your eyes?	Light Blue, Gray or Green	Blue, Gray, or Green	Blue	Dark Brown	Brownish Black
	What is your natural hair color?	Sandy Red	Blond	Chestnut, Dark Blond	Dark Brown	Black
	What is the color of your unexposed skin?	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown
	Do you have Freckles on Sun exposed areas?	Many	Several	Few	Incidental	None
	What happens when you stay in the sun to long?	Painful Redness, Blistering, Peeling	Blistering Followed	Burns sometimes followed by Peeling	Rare Burns	Never had Burns
	To what degree do you turn Brown?	Hardly or Not at all	Light color Tan	Reasonable Tan	Tan Very Easily	Turn Dark Brown Quickly
	Do you turn brown several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
	How does your face respond to the Sun?	Very Sensitive	Sensitive	Normal	Very Resistant	Never had a Problem
	When did you last expose yourself to the sun tanning bed or self-tanning creams?	More than 3 Months ago	2-3 Months ago	1-2 Months ago	Less Than 1 Month ago	Less than 2 Weeks ago
	Do you expose the area to be treated to the sun?	Never	Hardly Ever	Sometimes	Often	Always
Total Score:	Score	Fitzpatrick Skin Type:				
	0-7	I				
	8-16	II				
	17-25	III				
Skin Type:	26-30	IV				
	Over 30	V-VI				

Comments:

Signature: _____ Date: _____

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 _____ County _____ Postcode _____

Home Phone _____ Work Phone _____

Emergency Contact Name and Phone _____

How were you referred to us? _____

Redemption Code (if applicable) _____

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 regularly use tanning salons or sun bathe? _____ How often? _____

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: _____

Do you have a history of erythema abigne, which is a persistent skin rash produced by prolonged or repeated exposure to moderately intense heat or infrared irritation? Yes No

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

- Cancer Diabetes High blood pressure Herpes Arthritis
- Frequent cold sores HIV/AIDS Keloid scarring Skin disease/Skin lesions
- Seizure disorder Hepatitis Hormone imbalance Thyroid imbalance
- Blood clotting abnormalities Any active infection

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

MEDICATIONS

What oral medications are you presently taking? Birth control pills Hormones

Others (Please list): _____

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

Have you ever used Accutane? Yes No, If yes, when did you last use it? _____

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

What herbal supplements do you use regularly? _____

HISTORY

Have you ever had laser hair removal? Yes No

Have you used any of the following hair removal methods in the past six weeks?

Shaving Waxing Electrolysis Plucking Tweezing Stringing Depilatories

Have you had any recent tanning or sun exposure that changed the color of your skin? Yes No

Have you recently used any self-tanning lotions or treatments? 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

Are you using contraception? 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, esthetician, therapist, 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: _____