TATTOO REMOVAL

PERSONAL DETAILS

Dundrum Cosmetic Clinic "Invest in yourself"

Date	Occupation
Name	Work/Home Tel:
Date of Birth:	Mobile Tel:
Address:	Email:
Town/City	General Practitioner's (GP) Details: Name: Address:
Postcode	Contact Number:

How did you hear about us?

Have you read our pre-treatment information pack that we have sent via email?

YES NO

For further discounts, do you want to join our loyalty scheme?

YES NO

If so, how would you like to be contacted?

TEXT EMAIL BOTH

PLEASE NOTE: We do not pass your confidential information onto any third parties.

MEDICAL HISTORY

Are you currently receiving medical treatment? YES NO
Details:

MEDICAL CONDITIONS	Please TICK any of the following that applies to you

Photo-Sensitive Epilepsy		Thrombosis/Phlebitis (blood clots)	
Photo-Sensitive Migraines		Low Blood Pressure	
Cancer or History of Cancer		Are you prone to fainting spells	
Auto Immune Disease		Hyper-Sensitive Skin	
HIV+Blood		Vitiligo	
Any type of Hepatitis		Chloasma/Melasma	
Heart/Cardiac Disorders		Varying Skin Pigmentation	
Pacemaker/Internal Metal Pins		Skin Infections	
Thyroide Therapy		Skin Conditions e.g.psoriasis, eczema	
Kidney Disease		Skin Allergies:	
Asthma		E.g. to rubber gloves	
Depression/Anxiety		to Aloe Vera	
Lupus		to Tea Tree	
Diabetes		Others	
Shingles (within the last 6 months)		Moles on Treatment Area	
Keloid Scarring		Herpes Simplex/Cold Sores	
Recent Surgery		Deep Fillings/Crowns	
Poor Wound Healing		Others	

MEDICINES & SUPPLEMENTS

Roaccutane
Antibiotics
Have you recently taken Antibiotics? **YES** **NO**
St John's Wort
Iron Supplements
Gold Injecctions
Cancer Treatment/Medication

Steroids
Have you recently taken Steroids? **YES** **NO**
Hormone Therapy
Mood Stabilizers
Anti-Depressants
Other

LIFESTYLE

Smoker
Alcohol Consumption
(within the last 24 hours)

Recent Sun/ UV Exposure
Botox/Fillers
(within the last 2 weeks)

WOMEN ONLY N/A

Pregnant
Breastfeeding
Hormone Replacement Therapy
Contraceptive Pill
Irregular Menstrual Cycle

Polycystic Ovarian Syndrome
Endometriosis
Hormone Imbalance
Hirsuitism
Hypertrichosis

To determinate your skin type, please tick one of the following:

Skin Type	Sun reaction	Colour/Tone	Tick
I	Highly sensitive, always burn, never tans	Red hair with freckles	
II	Very sun sensitive, burns easily, tan minimally	Fair skinned, fair haired. Caucasians	
III	Sun sensitive skin, sometimes burn, slowly tans to brown.	Darker Caucasians	
IV	Minimally sun sensitive, burns minimally, always tans to moderate brown.	Mediterranean type Caucasians	
V	Sun insensitive skin, rarely burns, tans well.	Dark tone (i.e. Hispanics, Indians,…)	
VI	Sun insensitive, never burns, deeply pigmented.	Very dark tone (i.e. Black…)	

TATTOO HISTORY

How old is the tattoo?

What type of tattoo is it? AMATEUR PROFESSIONAL

What country was it done?

Is it a "cover-up" tattoo? YES NO

Has it been re-inked? YES NO

Did you experience any problems with your skin on the tattoo site after it was done?

YES NO

Has the tattoo been treated before? YES NO

Therapist's Notes

TATTOO DETAILS

What is the tattoo?	What colour/s is it?
Where is it positioned?	Is there any scarring/abnormal tissue?

CLIENT CONSENT (Tattoo Removal)

Agreement in respect of laser tattoo removal between Dundrum Cosmetic Clinic and _____

_____ ("NAME OF Client").

- The client understands that the Laser Provider cannot provide a guarantee as to the success of the tattoo removal treatment.
- The client understands that, when successful, removal of the tattoo will require a number of treatment sessions. The number of treatment sessions will depend on a number of factors, including:
  I. The pigments (colours) contained in the tattoo.
  II. The depth and density of the pigments in the tattoo.
  III. The client's individual response to the treatment.
- The client understands that for the above reasons, it is not possible to predict how many treatment sessions will be required, that it is not possible to give a maximum treatment time and the client acknowledges that no maximum time has been given.
- Any advice given by your Laser Specialist concerning the number of treatments required is provisional and subject to the absolute disclaimers represented by the previous two points.
- The client understands that exposure of a recently treated area to sunlight or UV light, without using a factor 30+ sunblock, or without covering the treated area first may lead to complications and should be avoided.
- The client understands that the treated area may blister after each treatment. This is a short-term side-effect and will usually recover within days. However, it is impossible to predict or guarantee the nature of this recovery and there is a risk of further complications. The client has received a copy of the blister advice sheet and agrees to follow those instructions to minimize this risk.
- The client understands that, following treatment the area may become de-pigmented. (Skin becomes paler) or hyperpigmented (Skin becomes darker.) These symptoms are not normally permanent, but we are unable to guarantee the skin colour returning to normal. De-pigmented skin must be protected from sunlight or UV light with a factor 20+ sunblock.
- The client understands that, following treatment there is a risk of permanent scarring and it is not possible to predict or guarantee whether scarring will take place. Scarring is a very low factor risk but is associated with sun/UV exposure, a high number of treatments and a predisposition to forming scar tissue.
- The client understands that the area may be shaved prior to treatment. Hair growth in the treated area may be affected and we are unable to guarantee that hair growth will return to normal.
- The client acknowledges receipt of the fact sheet, the blister advice sheet and a copy of the Agreement. The client confirms that s/he had the risks and expectations of the treatment explained fully during consultation, that s/he had sufficient opportunity to read this form and to raise any queries resulting from consultation, the information sheets or this form.
- Each treatment session will cost a maximum sum of _____ . The client understands that the treatment is priced for each treatment session. The treatment cost may be reduced at the sole discreation of the assessor.
- The client accepts they are proceeding with the treatment patch test.

I hereby certify that I have been fully informed of the nature and purpose of the procedure, expected outcome and possible complications. I understand that there can be no guarantee or assurance as to the final result that may be obtained. I consent to the taking of photographs and authorize their anonymous use for the purpose of medical audit, education and promotion. I am aware that my condition is primarily of cosmetic concern and the decision to proceed is based solely on my express wish to do so.

Client's Signature		**Date**	
Therapist's Signature		**Date**	

PATCH TEST WAIVER

I confirm that I was given the opportunity to have a Laser/IPL patch test prior to treatment at a later stage. However, I would like to waive this right and take the opportunity to proceed with treatment today.

Client's Signature		Date	

I have assessed the above named client and I can confirm that he/she has not presented with any major contra indication to treatment and I have therefore agreed to perform the full treatment without an initial patch test.

Therapist's Signature		Date	

CLIENT MEDICAL DECLARATION

I hereby agree to inform the Laser Specialist about any changes in my medical circumstances including medical investigation, medical diagnosis, medication, or any recent illnesses.

I also agree with the following statements:

- I am not pregnant,
- I have not had UV exposure (including sun exposure and sunbeds) for a minimum of 4 weeks prior to treatment.
- I have not applied any false tanning products to the area to be treated for a minimum of 1 week prior to the procedure,
- I am not undergoing any medical investigative tests,
- I am not undergoing any chemotherapy, radiotherapy or takin any preventative medication for cancer,
- I have not taken Accutane for 12 months,
- I have not had any recent surgery,
- I do not have any broken skin or skin infections on the area to be treated,
- I am not under the influence of alcohol or illegal substances,
- I agree to follow all post treatment guidelines & advice.

I agree with all details outlined within the "Medical Declaration" and I understand that any changes in my medical circumstances will be recorded.

Date	Client's Signature	Reported Changes to Medical Circumstances