

Client Medical History Laser Tattoo Removal

Name: _____ Birth Date: ____/____/____ Age: _____
Address: _____ Sex: M / F
City/Town: _____ Post Code: _____
Home: (_____) _____ Work: (_____) _____ Mobile: (_____) _____
E-mail: _____
Emergency Contact: _____ Telephone: (_____) _____
Allergies: _____

Please put a check mark next to a past or current medical condition:

Medical History :

- | | |
|--|---|
| <input type="checkbox"/> Previous Tattoo Removal Allergic Reaction | <input type="checkbox"/> Herpes simplex (Cold Sores) |
| <input type="checkbox"/> Lupus or other auto-immune deficiency | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Currently Pregnant | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Breast Feeding | <input type="checkbox"/> Treatment with Ro-Accutane® in the last 6 months |
| <input type="checkbox"/> Graves Disease(Hyperthyroidism) / Hashimotos Disease (Hypothyroidism) and/or Treatment with Thyroxine | <input type="checkbox"/> Dark spots after pregnancy or after skin injury |
| <input type="checkbox"/> Bleeding abnormalities | <input type="checkbox"/> Implants / Metal Plates/ or Pacemakers at site of Tattoo |
| <input type="checkbox"/> Blood thinning medication | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Keloid or very thick scarring | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Psoriasis or Vitiligo | <input type="checkbox"/> Transplant Anti-Rejection Drugs |
| <input type="checkbox"/> Current treatment for Pulmonary embolism/blood clot, Leg ulcers or Phlebitis | <input type="checkbox"/> If tattoo removal is on the face: Chemical Peels, Dermabrasion, Laser Resurfacing or Face Lift |
| <input type="checkbox"/> Rheumatoid Arthritis "Gold" Therapy | |
| <input type="checkbox"/> Acute or Chronic Renal Failure | |
| <input type="checkbox"/> Photodynamic Therapy (PDT) within last 3 months | |
| <input type="checkbox"/> Chemotherapy/Radiotherapy within last 3 months | |

Please list any other medications or herbal supplements that you are currently taking:-

Client Signature

Date