



Medical History Form

Name: _____ Date: _____
Last First

Address: _____ City: _____ ST: _____ Zip: _____

Email: _____ Phone: _____

Emergency Contact Name and Phone _____

How did you hear about Skin Renew Day Spa? _____

Which of the following best describes your skin type?

- Always burns, never tans (I) Always burns, sometimes tans (II) Sometimes burns, tans gradually (III)
 Rarely burns, tans easily (IV) Skin darkens, never burns (V) Very dark skin (VI)

How old is your tattoo? _____ Is it homemade or professional? _____

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: _____

Have you ever had a reaction to a laser/heat treatment or radiation therapy? No / If yes, when: _____

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

- Cancer Diabetes Herpes Arthritis Frequent cold sores HIV/AIDS
 Keloid scarring Skin disease/Skin lesions Seizure disorder Hepatitis
 Blood clotting abnormalities Any active infection Migraine headaches Heart disease
 Autoimmune disease Poor Circulation Skin cancer (location/type): _____

Do you have any other health problems or medical conditions? Yes No

Please list: _____

MEDICATIONS

It is very important for you to list ALL medications you are taking. Certain medications, such as light-sensitive medications, can have serious interactions with the laser.

What oral or topical medications are you presently using?

Please list: _____

Have you ever used Accutane or Retin-A[®]? Yes No

If yes, when did you last use it? _____

Have you ever had an allergic reaction to any medications? Yes No

If yes, please list _____

Have you recently taken antibiotics? Yes No

If yes, please list antibiotic and reason for use _____

HISTORY

Do you currently have a sunburn? Yes No

Do you currently have a tan? Yes No

Do you form thick or raised scars from cuts or burns? _____

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 _____

Have you had any previous laser or IPL treatments of any kind? Yes No

If yes, did you have any problems (pigmentation issues, blisters, burns) Yes No

If yes, please describe _____

FOR FEMALE CLIENTS ONLY

Are you pregnant or trying to become pregnant? 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, doctor or nurse of my current medical or health conditions and to update this history at each visit. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

Client Signature _____ Date _____



Tattoo Removal Client Consent Form

CONSENT AND RELEASE OF LIABILITY

This form is designed to provide you with the information you need to make an informed decision on whether or not to have Skin Renew Laser Tattoo Removal & Skin Center, LLC (“us”, “our” or “we”) provide laser treatment to [print your name]_____ (“I”, “you” or “your”). If you have any questions or do not understand any part of this consent form please ask us, prior to beginning treatment.

You must be 18 years of age to consent to tattoo removal (Birth Date _____.)

We are well-trained in the use of the laser for tattoo removal. If you need medical care for any condition, you need to contact your doctor or in an emergency go to the nearest emergency department.

Best results are achieved only with a series of treatments and you will not see optimal results after one treatment. You must return for the full treatment plan and even then, some tattoos may not be removed completely: however, the majority can be removed. Tattoos are meant to be permanent so we do not guarantee that all the ink from your tattoos will be removed after treatment.

While laser tattoo removal is effective in most cases, no guarantees can be made related to any particular patient or tattoo. Many are removed entirely, most fade significantly, some can worsen – but this is rare. Black ink responds best; teal/green, white and yellow are the most difficult to remove. Just as there are benefits to the proposed procedure, the procedure involves risks and will require down time to heal. Serious complications are rare but possible. Common side effects include redness and mild sunburn effects that may last a few hours to a few days. Pigment changes (light or dark spots on the skin) lasting 1-6 months may occur or conditions could be permanent. Other possible risks include infection, burns, allergic reaction, skin irritation, itching, scabbing, blistering, pain, bruising, scarring and swelling. Laser light can cause eye damage and we provided protective eye wear that must be worn during treatment to prevent the chance of permanent damage to eyes. This is **not** an all-inclusive list of side effects.

By signing below, you agree that you: 1) authorize us to perform laser treatment; 2) understand that the procedure is purely elective and have chosen to receive treatment for tattoo removal; 3) you understand the nature of laser tattoo

removal and the benefits to be expected as well as the risks and common side effects; and 4) you release us from any claims, demands or damages related to your decision to have laser tattoo removal performed.

I have read and I understand I must follow proper aftercare instruction until my healing is complete and it may take 6 weeks or longer to heal. I must follow the **Post-Treatment Instructions** and assume full responsibility of aftercare and cleanliness. By having this laser procedure performed, I am making a permanent change to my body and no claims have been made regarding the ability to undo the changes caused by laser treatment.

LASER TATTOO REMOVAL: INFORMED CONSENT

Tattoo removal is done in stages with 6-8 weeks between sessions. Most tattoos require more than 6 sessions for removal and can take many more depending on colors, size, depth and location. Tattoos are usually in the dermis, which is below the epidermis. The laser fragments the ink and the ink is picked up and removed by the body's white blood cells, which see the ink as foreign material. If the body is busy with other insults or injuries, the process slows, so overall healthy habits will assist in your successful tattoo removal.

After a treatment, you may experience swelling, redness, blisters, pain, or itching. For the first 24 hours, try to leave the area uncovered to allow any heat to dissipate. Pain, redness, and swelling can be managed with intermittent ice and Ibuprofen. It is important not to pop any blisters. None can be used after 24 hours until any blisters pop naturally. Sunscreen after 24 hours will also help with local relief and will decrease itching.

This procedure is uncomfortable. This does not mean something has gone wrong. You may bruise. Infections are uncommon, but can happen. If you are concerned you have an infection or develop a fever or experience severe pain, contact your primary care physician or go to emergency room. Hyperpigmentation (skin darkening) or hypopigmentation (skin lightening) may occur in the treated area. In some cases, change in base skin color can be permanent over the area of the tattoo. Scarring is also rare but can occur. Sun exposure during the course of your treatment puts you at increased risk for pigmentation problems. Please use a high SPF sunscreen throughout your course of treatment. This is **not** an inclusive list of side effects.

By signing below, I acknowledge that I have read and understand the above. I understand that my personal results cannot be guaranteed. I have been adequately informed and my questions have been answered regarding my tattoo removal and I consent to treatment.

Client Name _____

Client Signature _____ Date _____

Skin Renew Day Spa Staff _____ Date _____



Use/Disclosure of Health Information

I authorize Skin Renew Day Spa & Laser Center to communicate with me via email, text or phone reminders prior to my appointments at Skin Renew Day Spa at the contact information provided to Skin Renew Day Spa & Laser Center. This form requests you to advise: (A) *to whom we may disclose information* (B) *the reason for disclosure*, and (C) *the information to be disclosed*. However, to further protect your right to privacy, Skin Renew Day Spa & Laser Center *will not use or disclose* health information to family members, doctors, insurance companies, health insurance companies or to any other entities *without a current written authorization at the time the information is to be released*. Skin Renew Day Spa & Laser Center may discuss your health and/or treatment with/will provide your information to:

I, _____, hereby authorize the disclosure of my health and/or treatment information from my records to:

Name: _____

Address: _____

City/State/Zip: _____

The information I authorize to be disclosed from my health/treatment record: (initial appropriate boxes)

Entire Record Visit Notes Health & Physical Medication or Problem List Billing

Only information related to: _____

Please sign below to acknowledge you have read and agree with this policy.

Client Signature

Date



Photography Consent

Photographs may be taken at each visit by Skin Renew Day Spa & Laser Center for clinical purposes to evaluate and assess treatment. I hereby give Skin Renew Day Spa & Laser Center permission to use my photographs in the following manner.

_____ Unrestricted use of photograph (this may include website and social media)

Please check all that apply for restricted uses:

_____ Use only photographs in which my identity is concealed.

_____ Use in the office “Lookbook” to show other patients about procedures.

_____ Use in new patient consultations to teach other patients about procedures.

_____ Use in professional writing, which may include textbooks, journals, newsletters, etc.

_____ None of the above. Please do not use my photographs for any purpose.

Please sign below to acknowledge you have read and agree with this policy.

Client Name _____

Client Signature _____ Date _____



Cancellation Policy

Our staff hours are limited and valuable.

Missed appointments, being late more than 10 minutes or failure to give a 24-hour notice of cancellation or rescheduling will result in a \$25 cancellation fee. If you arrive more than 10 minutes late, we may not be able to treat you. This fee will be required to be paid before any additional treatments will be performed. We understand emergencies will happen. Therefore, a fee can be waived for an emergency and this fee can only be waived one time.

We appreciate you and your business and look forward to serving you!

Thank you,
Skin Renew Day Spa & Laser Center

Please sign below to acknowledge you have read and agree with this policy.

Client Name _____

Client Signature _____ Date _____



Tattoo Removal Post-Treatment

Post-Treatment care is very important, so please follow the instructions below:

- Immediately after treatment, there may be erythema (redness) and edema (swelling) at the treatment site. This usually lasts 2 hours or longer, but erythema may last up to 10 days. The treatment area may feel like a sunburn for a few hours after the treatment, but it will subside.
- Apply ice as needed on and off the next 24 hours.
- Do not tan the area. Avoid sun exposure to avoid hypopigmentation and hyperpigmentation.
- Please apply sunscreen on the area, with an SPF 30 OR HIGHER, even if it is covered by clothing. Sun will travel through your shirt or pants.
- Some scabbing, light bleeding or itching may occur.
- Do not pop blisters. If you do blister, apply NOVE until the blisters have popped naturally.
- When bathing and showering, use lukewarm water for the next 24 hours and treat your skin gently.
- Do not expose your skin to any heat sources, such as saunas, steam rooms, Jacuzzis, extremely hot showers or strenuous activities. No prolonged heat for a maximum of 48-hours post-treatment.
- It may take up to 2 weeks for your body to absorb ink that has been broken up by this treatment.
- It may take a 2-3 treatments before you see a difference.
- If you have any changes in your health or medications, please let Skin Renew Day Spa & Laser Center staff know.
- Remember, not all tattoos will clear completely. Your tattoo may just fade.
- Please call your primary care physician if an infection develops.
- If you have any questions at all regarding your tattoo removal process, please do not hesitate to call us at 317.848.SKIN (7546).
- **REMEMBER:** Drinks lots of water!

I have read and understand all the pre- and post-treatment instructions.

Client Name _____

Client Signature _____ Date _____

Skin Renew Day Spa Staff _____ Date _____