



Client Consultation
Tattoo Removal



**CLIENT CONSULTATION
LASER TATTOO REMOVAL : PERSONAL INFORMATION**

Your Details

Name: _____ Date: _____

Address: _____ Date of Birth: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: Work: _____ Home: _____

Mobile _____ Other: _____

Email Address: _____

How did you hear about us? _____

Your Tattoo

Location on your body: _____

Age of the tattoo: _____

List of Colours in tattoo: _____

Approximate size of tattoo: _____

How was the the tattoo done? professional amateur surgical/medical

Medical Background

Are you currently under a doctor's / healthcare practitioner's care? Yes No

If yes, for what condition? _____

Have you had significant sun exposure in the last 4 to 6 weeks? Yes No

Do you use sun beds, spray-tanning products or tinted moisturisers? Yes No

Are you currently pregnant, trying to conceive, or breastfeeding? Yes No

Client to complete this page

Medication

Please list **ALL** the medications you have used in the last 3 months:

Medication	Purpose/Condition	Duration
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Please list all **CURRENT** medications:

Medication	Purpose/Condition	Duration
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Please list all **CURRENT** vitamin supplements, herbal remedies:

Supplements / Remedies	Purpose/Condition	Duration
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NOTE: You must notify staff of any changes to medical history or medications during the course of treatments.

If you have ever experienced or been treated with / for the following please tick the box below:

Contraindications:

- Epilepsy
- Photosensitising Drugs
- Keloid
- Warfarin
- Pacemaker
- Roacutane
- Skin Cancer
- Cancer – current treatment
- Heart condition

Special Precautions:

- Herpes [oral/genital] Cold Sores
- Skin Disorder
- Diabetes
- Aspirin
- Metal Implant/piercings
- Medical Condition
- Anti Coagulants
- Allergies
- Hormonal Condition Skin Pigment – on treatment site
- Hormonal Medication
- Anti-inflammatory Drugs
- Lack of Sensation
- Lack of Temperature awareness
- Allergy to topical anaesthesia

If you have answered yes to any of the above, please provide details, including dates:

If you have ever had any of the following on or near the treatment site please tick the box below:

- Chemical Peel
- Botox, injectables
- Micro Dermabrasion
- Resurfacing or fractional Laser
- Implants
- Surgery in treatment area

If you have answered yes to any of the above, please explain and include dates / details:

Client to complete this page

Your Skin Type

Mother's ethnicity / grandparents: _____

Father's ethnicity / grandparents: _____

Please answer the following questions by circling the number which best describes you. Your Practitioner will total the score during the consultation.

**My ethnic origin is closest to:
(check one)**

- | | |
|---|--------------------------|
| I. Very fair (Celtic and Scandinavian) | <input type="checkbox"/> |
| II. Fair-skinned Caucasians with light hair and light eyes | <input type="checkbox"/> |
| III. Pale-skinned Caucasians with dark hair and dark eyes | <input type="checkbox"/> |
| IV. Olive-skinned (Mediterranean, some Asian, some Hispanic) | <input type="checkbox"/> |
| V. Dark-skinned (Middle Eastern, Hispanic, Asians, some Africans) | <input type="checkbox"/> |
| VI. Very dark-skinned (African) | <input type="checkbox"/> |

My eye color is:

- | | |
|-------------------|---|
| Light blue | 0 |
| Blue/green | 1 |
| Green/gray/golden | 2 |
| Hazel/light brown | 3 |
| Brown | 4 |

My natural hair colour at age 18 was:

- | | |
|-------------|---|
| Red | 0 |
| Blonde | 1 |
| Light brown | 2 |
| Dark brown | 3 |
| Black | 4 |

The colour of my skin (that is not normally exposed to sun) is:

- | | |
|------------------------|---|
| Pink to reddish | 0 |
| Very pale | 1 |
| Pale with a beige tint | 2 |
| Light brown | 3 |
| Medium to dark brown | 4 |
| Dark brown-black | 6 |

If I go out into the sun for an hour or so without sunscreen and have not been out in the sun for weeks, my skin will:

- | | |
|--|---|
| Burn, blister and peel | 0 |
| Burn, then when the burn resolves there is little or no color change | 1 |
| Burn, but then turns to tan in a few days | 2 |
| Get pink, but then turns to tan quickly | 3 |
| Just tan | 4 |
| Just gets darker | 5 |
| My skin colour is so dark I can't tell | 6 |

When was the last time the area to be treated was exposed to natural sunlight, tanning booths or artificial tanning cream?

- | | |
|---------------------------|---|
| Longer than one month ago | 0 |
| Within the past month | 1 |
| Within the past two weeks | 3 |
| Within the past week | 4 |

Total Score:

If your score is:	Your skin type is:	Notes:
0 – 3	I	
4 – 7	II	
8 – 11	III	
12 – 15	IV	
16 – 19	V	
20 – 24	VI	

MY SKIN TYPE IS: _____

Client to complete this page

Estimated Number of Treatments
(based on Kirby-Desai score)

Consideration		Points
Fitzpatrick skin type	I	1
	II	2
	III	3
	IV	4
	V	5
	VI	6
Tattoo location	Head and neck	1
	Upper trunk	2
	Lower trunk	3
	Proximal extremities	4
	Distal extremities	5
Tattoo pigment colour	Black only	1
	Mostly black with some red	2
	Mostly black & red with other colours	3
	Multiple colours	4
Amount of ink	Amateur	1
	Minimal	2
	Moderate	3
	Significant	4
Scarring and pigment change	No scar	0
	Minimal amount of scarring	1
	Moderate amount of scarring	2
	Significant amount of scarring	3
Tattoo layering	No	0
	Yes	2
Estimated number of treatments required	TOTAL	

APPROXIMATELY ONE TREATMENT FOR EVERY POINT

Practitioner to complete this page

CONSENT FOR TREATMENT; LASER TATTOO REMOVAL

There are many different kinds of medical laser machines, each with their own purpose. They have been used for medical tattoo removal for almost 50 years. A laser light beam has a specific wave-length, so it is designed to target a specific 'chromophore' in the skin. Some lasers have been designed to take a range of filters, which means they can be adjusted to target more than one colour. However, no one laser can removal all types of inks and pigments in all tattoos.

Q-switched lasers, such as the Pastelle, have proved to be the most effective for tattoo removal. They produce brief, powerful pulses of energy. Depending on the characteristics of your tattoo, your skin type, and other factors, your practitioner will choose the specific combination of laser wave-length, powers, spot sizes, etc, that he/she feels will work best for your tattoo.

Our goal is always to remove the entire tattoo, so no ink or outline remains, and your skin is as close as possible to 'normal', with no markings whatsoever. This is the ideal outcome, and while we always strive for this outcome, and use the most advanced laser technology available to achieve an optimal result, this may not occur. There are a number of factors that can influence the success of the treatment.

The original tattoo placement may have formed some mild scarring in the skin. Also, if you have previously had treatment to try to remove the tattoo, this may have left marks left in the skin. Sun exposure on tattooed skin may also alter the skin's appearance. You may not notice these changes while the tattoo is still present, but once the tattoo colour is gone, there can be variations in skin texture (scaliness), colour, etc., which can become more noticeable and make the tattooed area appear different than the surrounding skin. Generally, however, after the course of laser treatments is completed, the skin that used to contain the tattoo looks much like the normal surrounding skin.

Number of Treatments

We can only ESTIMATE the number of treatments it will take to completely remove the tattoo. This is because:

1. A large number and a wide variety of inks and pigmented materials are used for tattooing;
2. The inks are made up of many different combinations of chemical substances
3. Each tattoo artist has a different technique, and this results in varying amounts of ink being placed in the tattoo, as well as differences in the depth of pigment placement;
4. Because your body is unique, we cannot predict the ability of your white blood cells to absorb and dispose of the various pigment particles; and
5. There may be other unknown factors to do with the exact nature of your tattoo, or your body's chemistry.

Because of these factors, we cannot be absolutely certain how your particular tattoo will respond. Our general experience is that most 'amateur' or 'home-made' tattoos will require about 5-7 laser treatments.

"Professional" tattoos and those done with harder inks, tend to be more variable in response, and can average about 8-12 laser treatments. Some stubborn tattoo inks may require even more treatments.

Most clients will notice some lightening of the tattoo after the first treatment. Then there will be continued lightening with each subsequent treatment, although you may not find it as noticeable. There are thousands of before and after photos available: if you see photos sequentially before and after each progressive treatment, you will usually see some fading after each treatment.

It is our policy to take pictures before and after each treatment, and we also recommend that a treatment session begins by comparing the tattoo with the *original photos* (taken before the first treatment) so we can assess the amount of colour that has already been removed. This helps us evaluate your progress, and we can review our treatment plan to determine the need for ongoing treatment. We believe it is important to make this decision together, so you have a clear understanding of the process and the potential outcome.

Given enough time, treatment and effort, virtually all the tattoo ink will eventually disappear

It is common to experience some redness, bruising, swelling, blistering and crusting after each treatment, but wound infection is rare (please see after-treatment instructions as to how to minimise the risk of infection). Also, there can be some temporary irregular pigmentation and mild texture changes, but these changes are rarely permanent. Your skin will usually return to “normal” over a few months.

With the most advanced lasers, such as the Pastelle, irreversible scarring is rare.

After treatment, you should protect the treated area as you would any other minor burn for a few days. A dressing may help to protect the area and minimise further injury. Cold compresses and over-the-counter analgesics like Panadol and Advil can be taken if you experience minor discomfort during the first few days. Most people can resume normal activity the same day.

Showering and bathing are usually not a problem (see after-treatment instructions), but you should avoid all sun exposure on the treated area.

It is very important to follow our instructions carefully especially regarding the use of any medications or specific wound care that we may recommend.

Patient’s Declaration

The procedure planned is the treatment of a decorative tattoo with the Q-Switch Nd:YAG Laser using local, topical, or no anaesthesia. The purpose of this procedure is to attempt removal of the tattoo or to make the decorative pattern as unrecognisable as possible by lightening the pigment pattern.

Alternative treatment methods include camouflaging with make-up, tattooing over with a second tattoo, abrasive treatments, acid treatments, treatment with a CO2 laser, cutting out (with tissue expansion or skin grafting if needed), or no treatment at all.

- I have read and understand to the best of my ability all the information in this consent form.
- I have discussed the possible complications and results with my practitioner, _____ (name), and I understand them clearly.
- The possible alternatives, risks, benefits, etc. of laser treatment have been explained to me and I understand them to the best of my ability.
- I understand that NO absolute guarantee of any kind has been made to me, by the clinic _____ (name) regarding the procedure, the number of procedures or the final outcome of treatment.
- I agree to cooperate to the best of my ability and to comply with all the instructions and advice as to my post-treatment care.
- I understand that the practitioner may choose his/her own assistants, laser operators, types of lasers, anaesthetics or medications to be used for my treatment.
- I agree to the photographing of my tattoo and procedure. The practitioner may use these photographs for scientific and/or illustrative purposes. I understand that I will not be identifiable in these photos (except for the nature of the tattoo itself).

- I further agree that any photos or videotape taken of me may be used for other teaching or publication, if considered appropriate, unless I notify the practitioner in writing that he/she is not to use these photographs in such a manner.
- I understand that extremely remote and rare complications can occur with any medical procedure. This can include such possibilities as permanent disability or even death, although the chance of this is extremely remote and unlikely.
- I understand that the risks of the procedure include possible pain, bleeding, infection, scarring, drug reactions and unforeseen complications.
- There is also the risk of patchy residual pigment, persistence of tattoo pattern, change or permanent lightening of skin color, change in skin texture, or hair loss or thinning. Previous treatment by any method may increase any or all of these risks.
- I understand that this procedure may fail to remove all pigment in some cases, and the chance of this increases with professionally applied tattoos. I also understand that treatment may not be as effective with certain pigments. Laser treatment of white or flesh-colored tattoos can sometimes cause a dark brown/black colour change. Multiple treatments are generally required.
- I understand my responsibility for properly fulfilling the appropriate aftercare instructions as explained by _____ [clinic] staff, and/or written or videotaped instructions provided.
- I am aware that the procedure is generally considered cosmetic, and is not covered by insurance. I understand that I am responsible of all costs of treatment(s).
- I have been asked at this time whether I have any questions about this procedure and I do not have any further questions.
- I understand the procedure, accept the risks, and request that this procedure be performed on me by _____ [CLINIC].

Patient's Name: _____ Signature: _____

Practitioner Signature: _____ Date: _____

PHOTOGRAPHY CONSENT AND AUTHORISATION

I authorise [CLINIC] to take photographs of me before, during and after any procedures I may enter into while under [CLINIC] care. I further agree that the [CLINIC] may use the negatives or prints made from such photographs for such purposes and in such manner as he may deem appropriate.

My name will not be used unless I specifically agree that it may be used. I also understand that these photos may be used for purposes including, but not limited to

- Patient education
- publications and promotions at the practitioner's discretion, with the exception of the following:

I have entered into this agreement willingly and hereby waive any right to compensation for such uses as the practitioner may determine. I also state that I and my successors or assigns hereby [CLINIC's] successors and assigns and his staff harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

"Photography" covers motion pictures or still photography in any format, and includes all mechanical or digital means of capture and reproduction of images.

Patient's Signature: _____ Date: _____

CONSULTATION

Discussed with patient:

- _____ Process and procedure
- _____ Discomfort
- _____ Optional use of topical numbing cream
- _____ Aftercare instructions
- _____ Realistic Expectations

Possible complications related to patient discussed:

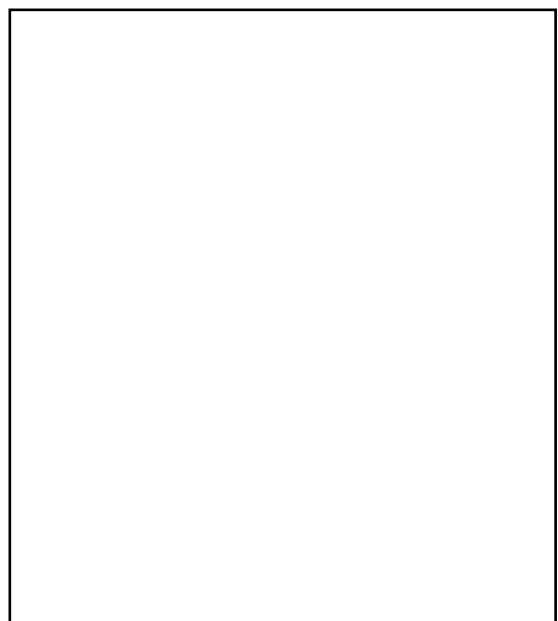
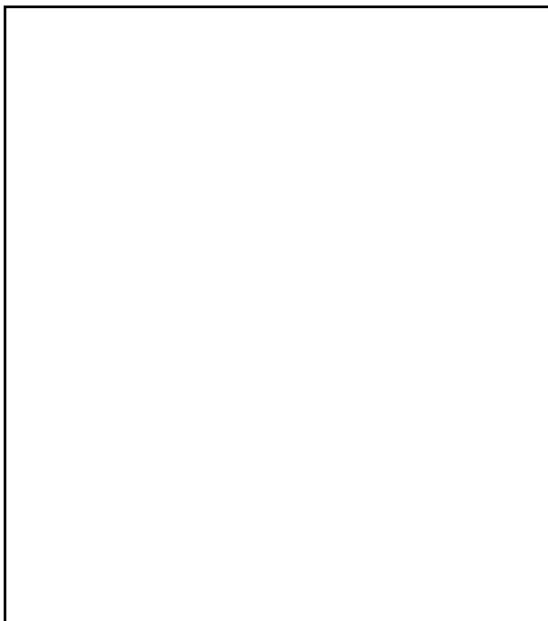
- _____ Risk of hyper and hypopigmentation
- _____ Risk of scarring
- _____ Difficult colors to remove

Price Quoted: \$ _____ for _____ treatments

All questions answered: _____

Signature of staff performing consultation: _____

ADD PRE TREATMENT PHOTOS HERE:



Practitioner to complete this

CLINICAL ASSESSMENT OF THE TATTOO



Area to be treated

- Location? _____
- What colours are in it? _____
- Tattoo Description? _____
- Where is it located? _____
- Ever tried to remove it before? _____
- Any scarring in it or is it raised? _____
- How do you feel about the tattoo? _____
- What do you expect from the treatment? _____
- What is your pain tolerance? _____
- Medical History – including medications ie gold therapy _____
- Any specific aftercare instructions _____

Practitioner to complete this page

PROGRESS NOTES

Client name _____ Date _____

Treatment # _____ Tattoo Location _____

Kirby Desai Scale _____ Fitzpatrick Skin Type _____

Wavelength	Spot Size	Energy	Hz	Notes
1064				
532				
650				
585				

Pre treatment

Topical numbing: Yes ___ No ___

Faded with previous treatment: Yes ___ No ___ N/A ___

Previous sun exposure: Yes ___ No ___

Complications or blisters with last treatment: Yes ___ No ___ N/A ___

Treatment

Frosting present: Yes ___ No ___ Mild Mod Severe

Pinpoint bleeding: (petechia or purpura) Yes ___ No ___ Mild Mod Severe

Swelling present: Yes ___ No ___ Mild Mod Severe

Chiller or ice used pre/during: Yes ___ No ___

Post treatment

Cream applied: Yes ___ No ___

Dressing applied: Yes ___ No ___

Ice applied: Yes ___ No ___

Tolerated well: Yes ___ No ___

Test Patch Notes:

1st Test patch: _____ 2nd Test patch: _____

Skin Reactions: _____

Progress Notes: _____

Client Discussion: _____

Client Consent per treatment

No change in sun exposure Post treatment instructions understood

No change in medications All questions have been answered

I understand the importance of contacting the clinic immediately should any skin reaction be noted after my treatment, I have contact details of who to contact in this circumstance.

Client Signature: _____ Date: _____

Practitioner: _____ Next appointment (weeks out): 8 / 10 / 12 / more _____

Practitioner to complete this page. Complete 1 form per treatment area

POST TREATMENT INSTRUCTIONS

Day of Treatment (Day 1)

Ice: It is vital to apply an ice compress to the treated site on and off for the first hour. Alternate the compress on and off every 1 to 3 minutes as needed. Do not leave ice on the treated area for more than 5 minutes at a time. A natural Aloe Vera gel or other topical may also be used.

Rest: You should rest, and limit your physical activity. Particularly avoid any activity that causes you to perspire. Avoid hot steamy showers and harsh soaps/cleansers.

Elevate: The treated area should be elevated above the heart when possible. This is especially important for tattoos on the lower leg, ankle and feet.

Notes: Please note your treatment site may exhibit different tissue reactions after each treatment.

The following signs and symptoms are normal after laser treatment:

- The treatment site might appear unchanged or even brighter in appearance.
- The area could appear white, pink, or red.
- The treatment site may have pinpoint bleeding, blistering or red, yellow, or clear discharge and swelling.

Day After Treatment (Day 2)

Ice: Continue to apply ice compress, but only as needed for burning.

Moisturise: Apply Vaseline® or Bepanthen® 3-4 times a day for the first 3 days after treatment to promote healing and reduce itching and irritation.

Rest and Elevation: Continue to rest and elevate (especially important for tattoos on the ankle or foot). Continue to limit physical activities such as working out, sports, etc.

Day 3 Until Healed

Moisturise: Keep treatment site well moisturised with Vaseline® or Bepanthen® or similar products.

Avoid: Any over-the-counter anti-bacterial ointments or creams as they may cause allergy on treated skin.

Activities: You may resume activities unless a blister is present. However, you **must avoid** swimming pools, ocean, hot tub and tub soaking pedicures for approximately 60 days until the site is fully healed.

Blistering: Blistering is normal. **Do not pop or pick blisters.** Blisters may take up to 12 weeks to resolve. You may use a non-stick bandage to protect a blister. If a blister breaks, apply Bepanthen and a non-stick bandage. If the blister is painful, contact the clinic, as it may need to be drained.

Healing: Do not pick or remove scabs or crusts that develop during the healing process. This is one of the main causes of infection and can lead to scarring. Healing can take anywhere from 5 to 25 days (or more). Infections are rare, however if aftercare is not followed, they are more likely to occur. Signs of infection are foul odour, fever, red streaks from area, yellow-green drainage, and pain. Call the office if you suspect an infection.

Before Your Next Treatment: Apply SPF50 to your tattoo when you are going to be exposed to direct sunlight, avoid spray tanning for 2 weeks prior to a treatment, and shave the area the day before your treatment.

Book Next Appointment: Should be booked 6-12 weeks apart. It takes the body up to four weeks to break down the ink, so results will not be immediate and every treatment will react differently.

Patient to take home for referral