LASER TATTOO REMOVAL

Client Medical History Information

Instructions: either complete the form on-line (please remember to save when you have completed it) and email to admin@gogoink.uk or print out and bring it to your consultation.

Name: ______________________________ Birth Date: ________ Age: ___ Male/Female: ___

Address: ____

City: _______________________ County: ____________________ Post Code: ____________

Home Tel: _____________
Please include your STD code

Work: _____________
Please include your STD code

Mobile: ________________

Email: ____

Emergency Contact: _________________________ Telephone: ____________
Please include the STD code

Allergies: ____

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

- ☐ Previous Tattoo Removal Allergic Reaction
- ☐ Systemic Lupus Erythematosis (SLE) an auto-immune disease often referred to simply as "Lupus".
- ☐ Other auto-immune disease
- ☐ Currently Pregnant
- ☐ Breast Feeding
- ☐ Bleeding abnormalities
- ☐ Blood thinning medication such as Warfarin, Heparin or high doses of Aspirin (Slow release Aspirin at 75mg per day or less as a prophylactic is OK)
- ☐ Keloid or very thick scarring
- ☐ Vitiligo
- ☐ Rheumatoid Arthritis "Gold" Therapy
- ☐ Acute or Chronic Renal Failure
- ☐ Photodynamic Therapy (PDT) for Cancer within last 6 months
- ☐ Chemotherapy/Radiotherapy within last 6 months
- ☐ HIV
- ☐ Hepatitis
- ☐ Herpes simplex (Cold Sores)
- ☐ Psoriasis
- ☐ Diabetes
- ☐ Thyroid Disorders
- ☐ Epilepsy
- ☐ Treatment with Ro-Accutane® in the last 6 months
- ☐ Dark spots after pregnancy or after skin injury
- ☐ Implants / Metal Plates/ or Pacemakers
- ☐ Transplant Anti-Rejection Drugs
- ☐ Current treatment for Pulmonary embolism/blood clot, Leg ulcers or Phlebitis
- ☐ If tattoo removal is on the face: Chemical Peels, Dermabrasion, Laser Resurfacing, Face Lift
- ☐ Botox or Fillers at site of laser treatment

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

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To be completed at your consultation

Client Signature

Date