

## A+ Ocean Cosmetic Tattoo Lightening Client Medical & Health History

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

|    |     |    |   |    |     |    |  |
|----|-----|----|---|----|-----|----|--|
| 1  | YES | NO | Physician's care for any medical conditions | 22 | YES | NO | Any other communicable disease                   |
| 2  | YES | NO | High or Low Blood Pressure                  | 23 | YES | NO | Ever had cold sores                              |
| 3  | YES | NO | Eczema                                      | 24 | YES | NO | Herpes   |
| 4  | YES | NO | Acne  | 25 | YES | NO | Bleed or bruise easily                           |
| 5  | YES | NO | Taken Accutane in last 6 months             | 26 | YES | NO | Problems healing from minor wounds               |
| 6  | YES | NO | Skin Cancer                                 | 27 | YES | NO | Develop Keloid or hypertrophy scarring           |
| 7  | YES | NO | Vitiligo                                    | 28 | YES | NO | Faint or become dizzy                            |
| 8  | YES | NO | Rosacea                                     | 29 | YES | NO | Currently on radiation or chemotherapy treatment |
| 9  | YES | NO | Dermatitis                                  | 30 | YES | NO | Asthma   |
| 10 | YES | NO | Hyper Pigmentation (darkening)              | 31 | YES | NO | Hemophilia                                       |
| 11 | YES | NO | Hypo Pigmentation (lightening)              | 32 | YES | NO | under treatment for depression                   |
| 12 | YES | NO | Plastic Surgery                             | 33 | YES | NO | Prescription medications/recreational drugs      |
| 13 | YES | NO | Any Medical Implants                        | 34 | YES | NO | Intentionally tan/direct sun or tanning bed      |
| 14 | YES | NO | Heart Disease/Stroke                        | 35 | YES | NO | Burn easily                                      |
| 15 | YES | NO | Seizure-related condition                   | 36 | YES | NO | Pregnant or nursing                              |
| 16 | YES | NO | Pace Maker                                  | 37 | YES | NO | Herbal Supplements                               |
| 17 | YES | NO | Diabetes                                    | 38 | YES | NO | Problems being anesthetized                      |
| 18 | YES | NO | Auto Immune Disorders                       | 39 | YES | NO | Smoke  |
| 19 | YES | NO | Hepatitis/Jaundice                          | 40 | YES | NO | Alcoholic beverages per week:                    |
| 20 | YES | NO | HIV/Aids positive                           | 41 | YES | NO | Allergic to Latex                                |
| 21 | YES | NO | Psoriasis                                   | 42 | YES | NO | Sensitive to petroleum-based products            |

**If you answered 'Yes' to any questions above, use the space below to provide an explanation. Correlate your explanation to a specific number. Example: 36. Yes, I am nursing. 2. High blood pressure. 33. My list of prescription medications**

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Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# A+ Ocean Cosmetic Tattoo Lightening

## Client Consent for pigment (tattoo) Lightening

I understand that lightening of tattoo pigment is difficult, if even possible. As a result, I will not hold my technician or this establishment responsible for any resultant failure to lighten the unwanted pigment.

\_\_\_\_\_ Client initials

I agree to submit to before and after photographs and give my permission to use such photographs for publication and/or teaching purposes.

\_\_\_\_\_ Client initials

I agree to explicitly follow all aftercare instructions provided to me by Suz Zinn.

\_\_\_\_\_ Client initials

I have been duly informed of the nature, risks, possible complications and consequences of this procedure as listed above. I further understand that my technician is not a medical doctor.

\_\_\_\_\_ Client initials

I understand all information listed and have had my questions answered. I agree to all conditions and provisions of this document as evidenced by my signature below. I accept the risks for having this procedure done.

\_\_\_\_\_ Client initials

I consent and give approval to the technician performing my treatment to use and apply anesthetics, which may contain Lignocaine, Tetracaine, Prilocaine and Epinephrine. These will be used before and during the procedure.

\_\_\_\_\_ Client initials

\_\_\_\_\_ Date \_\_\_\_\_  
Client Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Witnessed by

Suz Zinn Brows and Skin  
18707 SW Century Drive  
Bend, Oregon 97702  
541-550-3151  
MicrobladingBend.com

# A+ Ocean Cosmetic Tattoo Lightening

## Client Consent for pigment (tattoo) Lightening

Name (Please Print): \_\_\_\_\_

The nature and method of the proposed (tattoo) lightening procedure has been explained to me including risks or possibility of complications during or following the procedure. I understand there may be a certain amount of discomfort or pain associated with the procedure and other adverse side effects may include: minor and temporary bleeding, bruising, redness or other discoloration and swelling. Secondary infection in the area of the procedure may occur, however if aftercare instructions are carefully adhered to, this is rare.

\_\_\_\_\_ Client Initials

I understand that several treatments may be needed in order to achieve my desired results. I have not received **any guarantees** as to the final outcome of these treatments whatsoever.

\_\_\_\_\_ Client Initials

I understand that there are medical options available for pigment (tattoo) removal, which includes excision and cutting out of the tattoo. I have decided to decline those methods

\_\_\_\_\_ Client initials

I understand that unwanted pigment may not be successfully lightened to the point that it can no longer be seen. Scarring such as hyper-pigmentation or hypo-pigmentation or other damage to the skin may occur during this process and may be permanent. I will not hold my technician and/or the distributor of tattoo removal products used in this attempted pigment (tattoo) lightening liable for any damages that may occur to my person.

\_\_\_\_\_ Client initials

Which of the following best describes your skin type? (Please circle one number):

- I. Always burn, never tan
- II. Always burn, sometimes tan
- III. Sometimes burn, always tan
- IV. Rarely burn, always tan
- V. Brown, moderately pigmented skin
- VI. Black skin

*\*\*For skin types V and VI: I understand I am at a higher risk for hyper-pigmentation and hypo-pigmentation than other skin types. I agree to the risk involved in saline removal only.*

\_\_\_\_\_ Client Initials

- Results cannot be foreseen, predicted or guaranteed.

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