



# Tattoo Vanish™

## CLIENT HISTORY & TREATMENT PLAN TATTOO LIGHTENING/REMOVAL

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Home Work Cell

Occupation: \_\_\_\_\_ Physician: \_\_\_\_\_

### Circle No. if you now have or ever had any of the following:

- |  |   |
|--|---|
| 1 Accutane within past 6 months        | 22 Herpes (cold sores)                        |
| 2 Acne                                 | 23 High/Low Blood Pressure                    |
| 3 Alcohol _____ per day                | 24 HIV/AIDS positive test                     |
| 4 Allergies to Latex                   | 25 Hyper-pigment (darkened scars)             |
| 5 Anesthetic problems with dental work | 26 Hypo-pigment (lightened scars)             |
| 6 Any medical implants                 | 27 Keloid or Hypertrophy scars                |
| 7 Any type of heart disease/stroke     | 28 Pace Maker                                 |
| 8 Asthma                               | 29 Physician's care for any medical condition |
| 9 Autoimmune disorder                  | 30 Plastic Surgery, previously or planned     |
| 10 Bleed/Bruise easily                 | 31 Pregnant or nursing                        |
| 11 Communicable Disease                | 32 Psoriasis                                  |
| 12 Depression treatments               | 33 Radiation or chemo-therapy treatment       |
| 13 Dermatitis                          | 34 Rosacca                                    |
| 14 Diabetes                            | 35 Seizure related condition                  |
| 15 Drugs, prescription/recreational    | 36 Sensitive to petroleum based products      |
| 16 Exzema                              | 37 Skin Cancer                                |
| 17 Faint or become dizzy               | 38 Smoke _____ per day                        |
| 18 Healing minor wound problems        | 39 Sun tanned or use tanning bed              |
| 19 Hemophilia                          | 40 Sun burn easily                            |
| 20 Hepatitis/Jaundice                  | 41 Vitiligo                                   |
| 21 Herbal supplements taken            |   |

Any circled number, use the space below to explain:

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