



LASER AESTHETICS & BEAUTY

CLIENT DETAILS

Full Name _____	Date of Birth _____
Phone _____	Email _____
Address _____	

TREATMENT TYPE

Tattoo Removal Pigmentation Removal Carbon Facial Skin Rejuvenation

PREVIOUS LASER HISTORY

Previous laser treatment? Yes No

Previous tattoo removal? Yes No

Any adverse reaction? Yes No

Details: _____

MEDICAL HISTORY

Pregnant/Breastfeeding Diabetes Epilepsy

Autoimmune Disorder Skin Cancer History

Keloid Scarring Photosensitive Medication

Roaccutane within 12 months Sunbed Use

Active Infection None of the Above

Other Conditions: _____



FITZPATRICK SKIN TYPE	
■ Type 1	Always burns, never tans
■ Type 2	Usually burns, tans slightly
■ Type 3	Sometimes burns, gradually tans
■ Type 4	Rarely burns, tans easily
■ Type 5	Very rarely burns
■ Type 6	Never burns

PATCH TEST

Required? ■ Yes ■ No
Date: _____
Settings: _____
Reaction: _____

PHOTO & GDPR CONSENT

- Clinical photographs for treatment records
- Anonymous before & after marketing photographs
- I do not consent to marketing photographs
- I consent to GDPR storage of my records

CLIENT CONSENT

- Information provided is accurate
- Results vary between individuals
- Multiple sessions may be required
- I understand possible side effects
- I agree to follow aftercare advice

SIGNATURES

Client Signature: _____ Date: _____
Practitioner Signature: _____ Date: _____