

## Client Record - Permanent Make-Up and Tattooing Informed Consent

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_

Address : \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Client Date of Birth  _____
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Location on Body  _____
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Name of Body Artist  _____
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COPY OR DESCRIPTION OF PERMANENT MAKE-UP OR TATTOO

I accept this body tattoo. Client Signature \_\_\_\_\_ Date \_\_\_\_\_

### MEDICAL HISTORY

Please check any conditions listed below that apply to you.

	Diabetes		Hemophilia		T.B.		Asthma
	Epilepsy		Fainting or Dizziness		Allergic reaction to any metals/ antibiotics		Allergic reactions to latex
	Blood Thinners		Herpes		Scarring/Keloiding		Eczema/Psoriasis
	Heart Condition		Pregnant/Nursing		Skin Conditions		Other

How long has it been since you last ate? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Do you use any medications that might affect the healing of the body art you wish to receive?  
\_\_\_\_\_

Do you have any other medical or skin conditions that may affect the outcome of your procedure?  
\_\_\_\_\_

Have you ever been prescribed antibiotics prior to dental or surgical procedures? \_\_\_\_\_

Is there any other information you feel you should provide to the body artist? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE READ AND CHECK THE BOXES WHEN YOU ARE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING THIS DOCUMENT

In consideration of receiving a tattoo/permanent make-up from \_\_\_\_\_  
(Name of Practitioner), at \_\_\_\_\_ (Name of Business),

I confirm the following:

I am not pregnant.

I do not have a history of herpes infection at the proposed procedure site, diabetes, allergic reactions to latex or antibiotics, hemophilia or other bleeding disorder, or cardiac valve disease.

I do not have a history of medication use or am currently using medication, including being prescribed antibiotics prior to dental or surgical procedures.

All questions about the body art procedure have been answered to my satisfaction, and I have been given written aftercare instructions for the tattoo I am about to receive.

The tattoo described or shown on the Client record form is correctly drawn to my specifications.

I understand that tattooing is permanent and that if I choose to have it removed, it may be expensive and leave scars.

I am the person on the legal ID presented as proof that I am at least 18 years of age.

I am not under the influence of alcohol or drugs and that I am voluntarily submitting to be tattooed without duress or coercion.

I understand there is a possibility of an allergic reaction to the inks and pigments commonly used in tattooing.

I understand there is a possibility of getting an infection, and I have been advised of the signs and symptoms of infection that indicate a need to seek medical attention.

I agree to follow all instructions concerning the care of my tattoo, and that any touch-ups needed because of my own negligence will be done at my own expense.

I understand that there is a chance I might feel lightheaded, dizzy during or after being tattooed.

I agree to immediately notify the practitioner in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure.

I, \_\_\_\_\_ have been fully informed of the risks of tattooing/permanent make-up including but not limited to risk factors for bloodborne pathogen exposure, infection and other medical complications, allergic reactions to metal jewelry, latex gloves, and antibiotics. Having been informed of the potential risks associated with receiving a tattoo/permanent make-up, and I still wish to proceed with the procedure. I assume any and all risks that may arise from the tattoo/permanent make-up.

Signed \_\_\_\_\_ Date \_\_\_\_\_