

BODY ART CLIENT INFORMED CONSENT FORM

CLIENT INFORMATION

Name: _____ Age: _____ Date of Birth: _____

Phone: _____ Address: _____

Email: _____ Emergency contact: _____ Phone: _____

PROCEDURE INFORMATION

(Circle the body art being performed)

Tattoo Permanent Cosmetics Branding
Piercing Other: _____

Procedure Site: _____

Description of Procedure: _____

MEDICAL HISTORY

Circle any conditions listed below that apply to you

TB	Asthma	Antibiotic Allergies	Hemophilia
HIV	Hepatitis	Cardiac Valve Disease	Scarring/ Keloiding
Epilepsy	Skin Conditions	Pregnant/ Nursing	MRSA/Staph Infections
Diabetes	Blood Thinners	Fainting/ Dizziness	Latex Allergies

When was the last time you ate: _____

Do you have any additional allergies to metals, soaps, cosmetics, alcohol? _____

Do you use any medication that might affect the healing of the body art? _____

Do you have a history of herpes or any other skin conditions? _____

Other medical conditions? _____

INFORMED CONSENT

Read and initial the boxes below to confirm the information is understood

	I am the person on the legal ID presented as proof that I am at least 18 years of age. Type of ID: _____
	I am under the age of 18 years old and have the presence of my parent or guardian to receive the body piercing. (Applicable only to underage body piercing. N/A if not applicable).
	I am not under the influence of alcohol or drugs and that I am voluntarily submitting myself to receive body art without duress or coercion.
	I understand the permanent nature of receiving body art and that removal can be expensive and may leave scars on the procedure site.
	The body art described or shown on the consent form is correctly placed to my specifications.
	All questions about the body art procedure have been answered to my satisfaction, and I have been given written aftercare instructions for the procedure I am about to receive.
	I understand the restrictions on physical activities such as bathing, recreational water activities, gardening, contact with animals, and the durations of the restrictions.
	I understand there is a possibility of getting an infection and I am aware of the signs and symptoms, including, but not limited to redness, swelling, tenderness of the procedure site, red streaks going from the procedure site towards the heart, elevated body temperature, or purulent drainage from the procedure site.
	I understand that there is a chance I might feel lightheaded, dizzy during or after being tattooed. I will notify the artist immediately if this occurs.

NOTICE: TATTOO INKS: Tattoo inks, dyes, and pigments that have not been approved by the Federal Food and Drug Administration have health consequences that are unknown.

I acknowledge that the information that I have provided is true to the best of my knowledge. I have been fully informed of the potential risk associated with a body art procedure. I still wish to proceed with the body art application, and I assume any and all risks that may arise from body art. Aftercare has been explained and instructions have been provided.

Aftercare Instructions were reviewed and provided

Printed Client Name: _____ Signature of Client: _____ Date: _____

Name of Practitioner: _____ Body Art Facility Name: _____

I have reviewed the client's information that was presented and have provided information on aftercare. All information provided by the client is correct, to the best of my knowledge.

Practitioner Signature: _____ Date: _____