

BODY ART CONSENT FORM

CLIENT INFO

Name: _____ Date: _____

Address: _____

Phone number: _____ Date of Birth: _____

Email: _____

Emergency contact: _____ Phone: _____

Type of Identification Provided:

Drivers License Passport Birth Certificate

Apply a check to the type of body art being performed:

Tattoo Permanent cosmetics Branding Piercing

Procedure Site:

Description of Procedure:

MEDICAL HISTORY

Please circle any conditions listed below that apply to you.

TB	Asthma	Eczema/Psoriasis	Gonorrhea
HIV	Hepatitis	Heart Conditions	Syphilis
Herpes	Skin Conditions	Pregnant/Nursing	MRSA/Staph Infections
Diabetes	Blood Thinners	Fainting/Dizziness	Latex Allergies
Epilepsy	Hemophilia	Scarring/Keloiding	Antibiotic Allergies

How long has it been since you last ate?

Do you have any additional allergies such as to metals, soaps, cosmetics or alcohol?

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

Do you have a history of herpes at the procedure site?

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

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

Do you have any cardiac valve disease?

Is there any information you feel you should provide to the body art practitioner?

Other medical conditions?

INFORMED CONSENT TO RECEIVE BODY ART

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

In consideration of receiving BODY ART from , _____
(Name of the Practitioner)
the practitioner at _____ (Name of Body Art Business) (together with its employees, apprentices, and agents, the "Body Art Business")

I _____ (Client's Name) confirm the following by initialing each applicable item:

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

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

_____ 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 acknowledge that the information that I have provided in the medical questionnaire is complete and true to the best of my knowledge.

_____ 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 client record 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 that any medical information obtained will be subject to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

_____ *I am aware that tattoo inks, dyes, and pigments used on the procedure site have not been approved by the federal Food and Drug Administration, and that the health consequences of using these products are unknown.

_____ I am aware of the signs and symptoms of infection, 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 there is a possibility of getting an infection as a result of receiving body art particularly in the event that I do not take proper care of the procedure site.

_____ I will seek professional medical attention if signs and symptoms of infection occur.

_____ I agree to follow all instructions concerning the care of my tattoo, and that any touch-ups needed due to 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 artist in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure.

I, _____ (print name) have been fully informed of the risks of body art including but not limited to infection, scarring, difficulties in detecting melanoma, and allergic reactions to tattoo pigment, latex gloves, and antibiotics. Having been informed of the potential risks 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.

Signature of Client: _____ Date: _____

Signature of Practitioner: _____ Date: _____

INSTRUMENT LOG

If single-use, pre-packaged, pre-sterilized instruments and needles are used please maintain the following records:

- (1) A record of purchase and use of all single-use instruments.
- (2) A log of all procedures, including the names of the practitioner and client and the date of the procedure.
- (3) Written proof on company or laboratory letterhead showing that the presterilized instruments have undergone a sterilization process. Written proof shall clearly identify the instruments sterilized by name or item number and shall identify the lot or batch number of the sterilizer run.

Supplier	Instrument/Needle	Lot/ID #	Sterilization Date Expiration	Invoice Number

AFTERCARE INSTRUCTIONS

CLIENT NAME: _____

The following verbal and/or written instructions were communicated to the client:

1. Information on the care of the procedure site.
2. Restrictions on physical activities such as bathing, recreational water activities, gardening, or contact with animals, and the duration of the restrictions.
3. Signs and symptoms of infection 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.
4. Instructions to call a physician if any of the addressed signs and symptoms appear or for any other reason related to the Body Art procedure(s).
5. If physician care is required by the client related to the Body Art procedure(s), the client is to notify the Body Art facility and practitioner of the problem and the resolution by a physician or clinic. This information shall be placed in the client's file.

COMMENTS:

To the best of my knowledge this information is correct:

Practitioner Signature: _____ Date: _____

I have received aftercare instructions:

Client Signature: _____ Date: _____