Client History Form

CLIENT NAME: _____

DATE OF BIRTH: _____ PROOF OF AGE: _____

ADDRESS: _____ PHONE: _____

CIRCLE BODY ART PROCEDURE(S) TO BE PERFORMED:
Tattooing Body Piercing Permanent Cosmetics

In the area(s) where Body Art is to be performed do you have any conditions listed below? Circle Yes or No:

Y N – Rash?

Y N – Pimples?

Y N – Evidence of infection?

Y N – Open lesions?

Y N – Moles?

Y N – Sunburn?

General Health. Please circle Yes or No:

Y N – History of herpes infections (also known as cold sores or fever blisters)?

Y N – Any medical conditions requiring antibiotic therapy prior to an invasive procedure such as dental work?

Y N – Impaired by any drugs or alcohol or incapable of making an informed consent to the procedure(s) and aftercare instructions?

Y N – Do you have any allergies? If so what: _____

Y N – Do you have any tendency to become light-headed or dizzy during certain procedures such as dental work?

The above information is correct to the best of my knowledge:

Practitioner Signature: _____ Date: _____

Client Signature: _____ Date: _____