BODY ART CONSENT FORM

**CLIENT INFO**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROCEDURE INFO**

*Circle 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.*

|  |  |  |  |
| --- | --- | --- | --- |
| Diabetes | MRSA/Staph Infections | Allergy to antibiotics or latex | Hemophilia/bleeding disorder |
| Latex Allergies | Hepatitis | Cardiac Valve Disease | Scarring/Keloiding |
|  |  | Pregnant/Nursing |  |
|  |  |  |  |

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

Do you use any medications that might affect healing?

Do you have a history of herpes or any other skin conditions that may affect the outcome of your procedure?

Other medical conditions?

**INFORMED CONSENT**

***PLEASE READ AND INTIAL 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.  |
| \_\_\_\_\_\_ | 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. |
| \_\_\_\_\_\_ | Body Art is permanent, and the removal can be expensive and may leave scars on the procedure site. Ink can migrate and/or fade, there can be difficulties with MRI. Allergies to ink can occur at any time in the future. |
| \_\_\_\_\_\_ | 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 this procedure.  |
| \_\_\_\_\_\_ | I understand the restrictions on physical activities such as bathing, recreational water activities, gardening, contact with animals, and the durations of the restrictions.  |
| \_\_\_\_\_\_ | There is a possibility of getting an infection and I will seek medical care if the following symptoms occur: 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 might feel lightheaded, dizzy during or after being tattooed and will notify the artist immediately if this occurs. |
| ***NOTICE:\*******-HIPAA REQUIREMENTS:*** *Any medical information obtained will be subject to the Health Insurance Portability and Accountability Act of 1996 (HIPPA).****-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*. |

*The information that I have provided is true to the best of my knowledge. I have been fully 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. Aftercare has been explained and instructions have been provided.*

**Printed Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Client : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\*\*INFORMATION BELOW TO BE FILLED OUT BY BODY ART PRACTITIONER\*\****

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PRACTITIONER: BODY ART FACILITY:  | *Type of Identification Provided:*

|  |  |  |
| --- | --- | --- |
| Driver’s License | Passport | Birth Certificate |

🞎  *Aftercare overviewed and provided* | I have reviewed the client’s information presented and have provided information on aftercare.  **Signature of Practitioner:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

**INSTRUMENT LOG**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Supplier | Instrument/Needle | Lot/ID # | Sterilization Date Expiration |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*\* A record of purchase and use of all single-use instruments shall be maintained for each procedure for a minimum of 90 days.*