Tattoo Consent Form

Client screening, consent and aftercare record for a tattoo appointment.

ORGANISATION

DATE

Client details

FULL NAME

DATE OF BIRTH

DATE OF APPOINTMENT

ADDRESS

POSTCODE

MOBILE

EMAIL

EMERGENCY CONTACT AND PHONE

PHOTO ID SIGHTED (TYPE AND NUMBER)

CHECKED BY

> Age verification is a legal requirement. Sight photo identification for every client and record it above. Do not proceed where identification cannot be produced.

Health screening

DO ANY OF THESE APPLY TO YOU

- [ ] Pregnant or breastfeeding
- [ ] Haemophilia or bleeding disorder
- [ ] Heart condition or pacemaker
- [ ] Keloid or hypertrophic scarring
- [ ] Immune system condition
- [ ] Fainting or dizziness with needles
- [ ] Diabetes
- [ ] Blood thinning medication
- [ ] Epilepsy
- [ ] Skin condition (eczema, psoriasis) at the site
- [ ] Currently taking antibiotics or steroids
- [ ] Allergy to latex, dyes, metals or plasters

DETAILS FOR ANYTHING TICKED, PLUS ANY OTHER MEDICAL CONDITION

HAVE YOU EATEN IN THE LAST FOUR HOURS

ALCOHOL OR DRUGS IN LAST 24 HOURS

> Do not tattoo a client who is intoxicated or under the influence of drugs. Consent given in that state is not valid consent.

Tattoo details

DESIGN DESCRIPTION

PLACEMENT ON BODY

APPROXIMATE SIZE

COLOUR OR BLACK AND GREY

ESTIMATED SESSIONS

ARTIST

SPELLING, DATES AND WORDING CHECKED AND APPROVED BY CLIENT

CLIENT INITIAL

Client declaration

- [ ] I am over the legal minimum age and have provided photo identification
- [ ] I am not under the influence of alcohol or drugs
- [ ] I have disclosed all relevant medical conditions and medications honestly
- [ ] I understand a tattoo is permanent and removal is difficult, costly and may be incomplete
- [ ] I understand the risks including infection, allergic reaction, scarring and pigment change
- [ ] I have checked and approved the design, spelling and placement shown above
- [ ] I understand colours may vary and will fade over time
- [ ] I agree to follow the aftercare instructions and accept responsibility for healing
- [ ] I consent to photographs of the finished work for the studio portfolio

CLIENT SIGNATURE

PRINT NAME

DATE

Studio record

ARTIST NAME

NEEDLE AND INK BATCH DETAILS

TIME STARTED AND FINISHED

AFTERCARE PROVIDED

- [ ] Verbal aftercare given
- [ ] Written aftercare sheet given
- [ ] Studio contact details given

ARTIST SIGNATURE

PRINT NAME

DATE