

**QUESTIONNAIRE AND CONSENT**

CLIENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

**Please circle any conditions that apply to you:** Herpes at the procedure site; Diabetes; Epilepsy; Fainting/Dizziness; Cardiac Valve Disease; Hemophilia; Blood Thinners; Allergic reactions to latex; Pregnant/Nursing; T.B.; Eczema/Psoriasis; Scarring/Keloiding; Latex Allergy; Antibiotic Allergy; Other

\_\_\_\_\_

Do you have a history of medication use or currently using medication, including being prescribed antibiotics prior to dental or surgical procedures? \_\_\_\_\_

\_\_\_\_\_

**By signing this form, I confirm the following:**

- I am at least 18 years of age and am the person on the legal ID presented as proof.  
**State of issuance and Driver's license/Identification card number** \_\_\_\_\_
- I am not under the influence of alcohol or drugs.
- I understand that tattoo inks, dyes, and pigments have not been approved by the Federal Drug Administration (FDA) and that the health consequences of using these products are unknown.
- I understand that tattooing is permanent.
- I understand there is a possibility of an allergic reaction to the inks, dyes, and pigments commonly used in tattooing.
- I understand that if I have any skin treatments, laser hair removal, plastic surgery, or any other skin altering procedures, it may result in adverse change to my tattoo.
- I understand that there may be variations in my chosen tattoo's design and color, and that colors on deeper pigmented skin do not appear as bright.
- I understand that there is a chance I might feel lightheaded, dizzy and/or faint before, during or after being tattooed and agree to immediately notify the practitioner if any of these events occur.
- I understand there is a possibility of getting an infection, and I have been advised of the signs and symptoms of infection that indicate a need to seek medical attention.
- 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.
- All questions about the body art procedure have been answered to my satisfaction and I have been given written aftercare for the tattoo I am about to receive.

I, \_\_\_\_\_ **have been fully informed of the risks of tattooing and still wish to proceed with tattoo application and I assume any and all risks that may arise from tattooing.**

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Practitioner \_\_\_\_\_

Tattoo Description \_\_\_\_\_ Cost \_\_\_\_\_

Sterile Instrument \_\_\_\_\_ Lot # \_\_\_\_\_ Purchase Date \_\_\_\_\_

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## POST TATTOO PROCEDURE INSTRUCTIONS

Some redness around the tattoo immediately after tattooing is normal. This inflammation is a part of the natural healing process.

Your tattoo should form a light, dry scab that will fall off in 7-10 days. **DO NOT TOUCH OR PICK AT SCAB.**

### **To ensure your tattoo properly heals adhere to the following precautions:**

- Wash your hands prior to touching your tattoo. Remove the bandage within \_\_\_\_\_ hours after procedure and gently wash your tattoo with mild soap and water. **Do not reapply a new bandage.**
- Apply \_\_\_\_\_ on your tattoo until skin returns to its pre-tattoo condition.
- Stay out of direct sunlight and tanning booths for 7-10 days.
- Other: \_\_\_\_\_

### **Until tattoo is completely healed:**

- **Do** take showers. **Do not** soak in a tub or Jacuzzi.
- **Do not** go swimming in chlorinated pools, fresh water lakes and streams, ocean, or other bodies of water.
- **Avoid** gardening activities that may expose the tattoo to soil, fertilizers, etc.
- **Do not** allow tattoo to come into contact with animals

### **Signs and symptoms that indicate the need to seek medical care:**

Fever; redness, swelling, or tenderness at the procedure site; any green/yellow discharge that is foul in odor; or red streaks going from the procedure site toward the heart.

Please make sure your artist has thoroughly discussed these instructions with you and answered any questions you have before you leave this facility.

Artist Name \_\_\_\_\_ Date \_\_\_\_\_