

# BODY ART CONSENT AND HEALTH DISCLOSURE FORM for PERMANENT COSMETICS

## CLIENT INFO

Name: \_\_\_\_\_  
 Date of Procedure: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Type of Identification Provided:

Driver's License      Passport      Tribal ID Card  
 Military ID      Permanent Resident Card (Green Card)

### Circle the type of body art being performed:

Tattoo Brows      Tattoo Lips      Tattoo Cheeks      Tattoo Eyes  
 Tattoo Nipple      Tattoo Other (Describe): \_\_\_\_\_

Procedure Site/Description: \_\_\_\_\_

Technician: \_\_\_\_\_ License #: \_\_\_\_\_

## MEDICAL HISTORY

Please circle any conditions listed below that apply to you:

Diabetes      Hemophilia      Skin disease (psoriasis, eczema, etc.)  
 Skin lesions      Skin sensitivity to soap or disinfectant      Epilepsy  
 Seizures      Fainting      Narcolepsy

Additional health information: \_\_\_\_\_

How long has it been since you last ate? \_\_\_\_\_

Do you have any additional allergies such as to metals, soaps, cosmetics, or alcohol?      YES      NO

Do you have any condition that requires you to take medications such as anticoagulants that thin the blood or interfere with blood clotting?      YES      NO

Have you ever been prescribed antibiotics prior to dental or surgical procedures?      YES      NO

Do you have any other medical or skin conditions that might affect the outcome of this procedure?      YES      NO

Do you have any cardiac valve diseases?      YES      NO

I, \_\_\_\_\_ (print name) have been fully informed of the risks of body art including but not limited to infection, scarring, and allergic reactions to items associated with body art procedures. Technician will not perform the body art procedure if you fail to complete or sign this form. Further, technician may decline to perform a body art procedure if the client has any identified health conditions. Having been informed of the potential risks associated with this body art procedure, I still wish to proceed with the body art application and I assume any/all risks that may arise from body art.

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Technician Signature \_\_\_\_\_ Date: \_\_\_\_\_

## INFORMED CONSENT TO RECEIVE BODY ART

*PLEASE READ AND SIGN WHEN YOU ARE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING.*

In consideration of receiving BODY ART from, \_\_\_\_\_  
(Name of Technician)

The practitioner at \_\_\_\_\_  
(Name of body art establishment)

(together with its employees and other technicians, the "Establishment")

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

\_\_\_\_\_ I understand that a tattoo is considered permanent and may only be removed with a surgical procedure.

\_\_\_\_\_ I understand that any effective removal of a tattoo or body piercing may leave scarring.

\_\_\_\_\_ 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 the information I provided in the medical questionnaire is complete and true to the best of my knowledge.

\_\_\_\_\_ The body art described or shown on this 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 associated with this body art procedure as explained by the technician.

\_\_\_\_\_ I understand that any medical information obtained may be subject to the federal Health Insurance Portability and Accountability Act of 1996 (HIPPA).

\_\_\_\_\_ 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 draining from the procedure site.

\_\_\_\_\_ I understand there is a possibility of getting an infection as a result of receiving body art.

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

\_\_\_\_\_ I agree to follow all instructions concerning the care of my body art procedure 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 that I might feel lightheaded or 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.