

# 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.

TB	Asthma	Antibiotic Allergies	Hemophilia/ Bleeding Disorders
HIV	Hepatitis	Cardiac Valve Disease	Scarring/Keloid
Epilepsy	Skin Conditions	Pregnant/Nursing	MRSA/Staph Infections
Diabetes	Blood Thinners	Fainting/Dizziness	Latex Allergies

Are you prescribed antibiotics prior to dental or surgical procedures?

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

Do you use any medications that might affect the healing of the body art?

Do you have a history of herpes at the procedure site or any other skin conditions?

What medications do you currently use? Other medical conditions?

I acknowledge that 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: \_\_\_\_\_

## INFORMED CONSENT

PLEASE READ AND INITIAL 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 without duress or coercion.

\_\_\_\_\_ I understand the permanent nature of receiving body art and that removal can be expensive and may leave scars on the procedure site.

\_\_\_\_\_ The body art described or shown on the consent 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 on physical activities such as bathing, recreational water activities, gardening, contact with animals, and the durations of the restrictions.

\_\_\_\_\_ I understand there is a possibility of getting an infection and I am aware of the signs and symptoms, 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 drainage from the procedure site.

\_\_\_\_\_ I understand that there is a chance I might feel lightheaded, dizzy during or after being tattooed. I 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 (HIPAA).

-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.

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

PRACTITIONER:

Type of Identification Provided:

Driver's License      Passport      Birth Certificate

I have reviewed the client's information presented and have provided information on aftercare.

**Signature of Practitioner:**

BODY ART FACILITY:

Aftercare overviewed and provided

## 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.

## **AFTERCARE INSTRUCTIONS**

CLIENT NAME: \_\_\_\_\_

The following verbal and/or written instructions were communicated to the client:

1. Information on the care of the procedure site.
2. Restrictions on physical activities such as bathing, recreational water activities, gardening, or contact with animals, and the duration of the restrictions.
3. 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 drainage from the procedure site.
4. Instructions to call a physician if any of the addressed signs and symptoms appear or for any other reason related to the Body Art procedure(s).
5. If physician care is required by the client related to the Body Art procedure(s), the client is to notify the Body Art facility and practitioner of the problem and the resolution by a physician or clinic. This information shall be placed in the client's file.

COMMENTS:

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To the best of my knowledge this information is correct:

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have received aftercare instructions:

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