# **BODY ART CONSENT FORM**

### **CLIENT INFO**

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

Phone: \_\_\_\_

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

## **PROCEDURE INFO**

Tattoo	Permanent cosmetics	Branding	Piercing
Procedure Site:		Description of Pro	ocedure:

#### MEDICAL HISTORY

	ТВ	Asthma	Antibiotic Allergies	Hemophilia
	HIV	Hepatitis	Cardiac Valve Disease	Scarring/Keloiding
	Epilepsy	Skin Conditions	Pregnant/Nursing	MRSA/Staph Infections
1	Diabetes	Blood Thinners	Fainting/Dizziness	Latex Allergies

Email:			Emergency	contact:	Phone:
PROCEDU	JRE INFO			INFO	RMED CONSENT
Circle the type	of body art being	performed:		PLEASE REA	AD AND INTIAL THE BOXES BELOW TO CONFIRM THE INFORMATION IS UNDERS
Tattoo Permanent Branding Procedure Site: Description of		Piercing Procedure:		<ul> <li>I am the person on the legal ID presented as proof that least 18 years of age.</li> <li>I am under the age of 18 years old and have the presence parent or guardian to receive the body piercing. (Ap only to underage body piercing. N/A if not applicable).</li> <li>I am not under the influence of alcohol or drugs and th voluntarily submitting myself to receive body art withou or coercion.</li> <li>I understand the permanent nature of receiving body</li> </ul>	
MEDICAL	HISTORY				that removal can be expensive and may leave scars
		ow that apply to you.			procedure site. The body art described or shown on the consent
ТВ	Asthma	Antibiotic Allergies	Hemophilia		correctly placed to my specifications. All questions about the body art procedure have been an
HIV	Hepatitis	Cardiac Valve Disease	Scarring/Keloiding		to my satisfaction, and I have been given written af instructions for the procedure I am about to receive.
Epilepsy	Skin Conditions	Pregnant/Nursing	MRSA/Staph Infections		<ul> <li>I understand the restrictions on physical activities s bathing, recreational water activities, gardening, conta</li> </ul>
Diabetes	Blood Thinners	Fainting/Dizziness	Latex Allergies		animals, and the durations of the restrictions. I understand there is a possibility of getting an infection a
When is the la	st time you ate?				aware of the signs and symptoms, including, but not lin redness, swelling, tenderness of the procedure site, red
		gies to metals, soaps, c			going from the procedure site towards the heart, elevate temperature, or purulent drainage from the procedure s I understand that there is a chance I might feel lighth
Do you use an	y medications that	t might affect the healing	ng of the body art?		dizzy during or after being tattooed. I will notify the immediately if this occurs.
Do you have a	history of herpes	or any other skin condi	tions?		** <b>REQUIREMENTS:</b> Any medical information obtained will be subject Insurance Portability and Accountability Act of 1996 (HIPPA).
Other medical	conditions?			-TATTO	<b>O INKs:</b> Tattoo inks, dyes, and pigments that have not been approve Food and Drug Administration have health consequences that are un

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: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Date: \_\_\_\_\_\_

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

*Type of Identification Provided:* 

Driver's License Passport

Birth Certificate

BODY ART FACILITY:

**PRACTITIONER:** 

□ Aftercare overviewed and provided

I have reviewed the client's information presented and have provided information on aftercare. Signature of Practitioner:

SWP-152

Rev-12/15/21

# **AFTERCARE INSTRUCTIONS**

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:

have received aftercare instruction	ons:				
lient Signature:		Date:			
or Additional Visits of Client: Afterco	are has been re-explained and n	ew instructions have been provided. N	No changes in medical hist	ory and informed consent.	
Printed Client Name:		Signature of Client :		Date:	
rinted Client Name:		_ Signature of Client :		Date:	
rinted Client Name:		_ Signature of Client :		Date:	
		INSTRUMENT LOG			
Date	Supplier	Instrument/Needle	Lot/ID #	Sterilization Date Expiration	
	e instruments shall be maintained for eac	h procedure for a minimum of 90 days.			
A record of purchase and use of all single-us					
A record of purchase and use of all single-us					