

Tattooing/Body Piercing Consent Form

Name of Premises:	
Address & Tel No of Premises:	
Name of Practitioner (print):	
Name of Client (print):	
Address & Tel No of client:	
Age of Client and DOB:	
Age ID of Client Seen:	Yes / No
Type of Procedure:	Tattoo / Body Piercing Description:
Site of Procedure and design if applicable):	
Type of Jewellery Used (as applicable):	

Medical History of Client

Note: Medical advice should be sought in any case of doubt as to whether procedure is suitable.	Yes (TICK)	No (TICK)	Actions: if any question answered 'Yes' procedure to be reviewed and medical advice to be obtained. (Attach separate sheet if necessary)
Suffers from any heart conditions (e.g. prosthetic heart valve/ heart valve disease/ angina/ blood pressure problems)?			
Suffers from epilepsy? If Yes, how controlled?			
Suffers from haemophilia/other clotting disorders?			
Suffers from diabetes or lupus?			
Suffers from any problems with skin healing in the past, e.g. psoriasis, eczema?			
Suffers from any 'lumpy' raised scars (keloid scars)?			
Suffers from any known allergic responses eg plasters/creams/ metals/iodine/shellfish/latex/food-stuffs/other? Indicate which:			
Takes any prescribed medication regularly (especially any anticoagulants such as Warfarin or high dose aspirin; any immunosuppressants such as steroids)? If Yes, list which:			
Is the client pregnant?			
Prone to 'fainting attacks'? If yes, state reason:			
Tattoo only: Any known/previous reaction to dye pigments?			
Piercing only: Any previous piercings at proposed site?			
Any other relevant information?			

Declaration:

'I declare that I give my full consent to tattooing/ body piercing (delete as appropriate) being carried out by the aforementioned practitioner. I confirm that potential complications, (eg infection, swelling (for both tattooing and piercing), gum/tooth damage, jewellery migration/embedding) for the procedure undertaken and aftercare instructions have been explained to me. A written aftercare advice sheet containing more detailed information has been given to me and I agree that it is my responsibility to read this and follow the instructions on it, until the site has healed.

I confirm that the above information provided by me for this consent form is correct to the best of my knowledge, that I am over the age of consent for this procedure (as explained to me by the practitioner) and that I am not currently under the influence of alcohol or drugs.'

Signature of Client:		Date:
Name of Client (Print):		
Contact Details of Client:		
Signature of Practitioner:		Date:
Appropriate aftercare information given for Tattooing and/or Body Piercing:	<input type="checkbox"/> Yes <input type="checkbox"/> No Please tick appropriate box	

PARENTAL CONSENT (as applicable for piercing):		
'I consent that all of the intended procedure has been explained to me and that the information provided by me is correct to the best of my knowledge. I hereby consent to my child (named above) having the body piercing'		
Signature of Parent:		Date:
Name of Parent (Print):		
Contact Details of Parent:		
Signature of Practitioner:		Date:
Appropriate aftercare information given for Body Piercing:	<input type="checkbox"/> Yes <input type="checkbox"/> No Please tick appropriate box	