

## **INFORMED CONSENT TO RECIEVE BODY ART**

**In consideration of receiving body art from Nikki Givens at Anthology**

**Salon, I \_\_\_\_\_ confirm the following**

**by initialing each applicable item:**

**NOTICE:** Tattoo inks, dyes, and pigments have not been approved by the federal Food and Drug Administration and could potentially have health consequences.

\_\_\_\_\_ I am the person on the legal ID presented as proof that I am at least 18 years of age.

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

\_\_\_\_\_ 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 on or shown on the client record 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 these restrictions.

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

\_\_\_\_\_ I am aware that tattoo inks, dyes, and pigments used on the procedure site have not been approved by the federal Food and Drug Administration, and that the health consequences of using these products are unknown.

\_\_\_\_\_ 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 toward the heart, elevated body temperature, or purulent drainage from the procedure site.

\_\_\_\_\_ I understand there is a possibility of getting an infection as a result of receiving body art, particularly in the event that I do not take proper care of the procedure site.

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

\_\_\_\_\_ 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.

\_\_\_\_\_ 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 that I feel lightheaded, dizzy and/or faint before, during, or after the procedure.

***I, \_\_\_\_\_ have been fully informed of the risk of body art including but not limited to infection, scarring, difficulties in detecting melanoma, and allergic reactions to tattoo ink, latex gloves, and antibiotics. Having been 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 risk that may arise from body art.***

**Signature of Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Practitioner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The following information will be completed by the practitioner**

Because single-use, pre-packaged, pre-sterilized instruments and needles are used, please maintain the following records:

- (1) A record of purchase and use of all single-use instruments
- (2) A log of procedures, including the names of the practitioner and client and the date of procedure.
- (3) Written proof of the company or laboratory letterhead showing that the pre-sterilized instruments have undergone a sterilization process. Written proof shall clearly identify the instruments sterilized by name or item number and shall identify the lot or batch number of the sterilizer run.

## MEDICAL HISTORY QUESTIONNAIRE

Name: \_\_\_\_\_  
Last First Middle

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

***Please circle any conditions listed below that apply to you***

TB	EPILEPSY	BLOOD THINNERS	SCARRING OR KELOIDS
HIV	ASTHMA	ECZEMA OR PSORIASIS	GONORRHEA OR SYPHILIS
HEPATITS	HEART CONDITION	STAFF INFECTION	HERPES
HEMOPHILIA OR BLEEDING DISORDER	PREGNANT OR NURSING	ALLERY TO LATEX	DIABETES
SKIN CONDITIONS	FAINTING OR DIZZINESS	ALLERGIC REACTION TO ANTIBIOTICS	OTHER

How long has it been since you last ate?

\_\_\_\_\_

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

\_\_\_\_\_

Do you use any medications that might affect the healing process after receiving body art?

\_\_\_\_\_

Do you have any history of herpes at the procedure site?

\_\_\_\_\_

Do you have any other medical or skin condition that could affect the outcome of your procedure?

\_\_\_\_\_

Have you ever been prescribed antibiotics prior to dental or surgical procedures?

---

Do you have any cardiac valve disease?

---

Is there any information you feel you should provide to the body art practitioner?

---

Please list any other medical conditions.

---

**The information I have provided is complete and true to the best of my knowledge.**

**Signature of Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Practitioner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CLIENT RECORDS

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

*Apply a check to the type of body art being performed:*

**Tattoo** \_\_\_\_      **Permanent Cosmetics** \_\_\_\_      **Branding** \_\_\_\_      **Piercing** \_\_\_\_

**\*The following information will be completed by the practitioner**

Description of procedure: \_\_\_\_\_

Procedure site: \_\_\_\_\_

Pigments used: \_\_\_\_\_ Ratio: \_\_\_\_\_

Client's likes, dislikes, and concerns: \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AFTERCARE INSTRUCTIONS

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

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

1. Information of 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 toward 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 : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*To the best of my knowledge this information is correct*

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

*I have received aftercare instructions*

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