



COSMETIC TATTOO CLIENT HISTORY AND CONSENT FORM

PLEASE PRINT, SIGN AND BRING TO YOUR APPOINTMENT

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Are you currently on any medication? Some medications may affect your healing and colour outcome. These include medications for HRT, depression, diabetic and immune diseases.

Please tick any of the following that may apply to you.

- Do you drink alcohol? If so, how much have you had in the last 24 hours.
I am on blood thinner medication
I am pregnant
I am breastfeeding
I have heart palpitations
I have had hepatitis/HIV
I take antibiotics
I wear contact lenses
I am using lash enhancement serum
I have had collagen injections/fillers/botox
I take Retin A medication and/or topical medication
I am diabetic
I take aspirin
I have blood clotting problems
I have high blood pressure
I have had facial surgery in the last 3 months?
I have allergies
I have eye disorders
I have had cold sores
I have taken Roaccutane medication in the last 6 months

Please list ALL medications taken in the last week

What is your skin type: (please circle) NORMAL / OILY / DRY / COMBINATION

What is your current skin care regime? \_\_\_\_\_

Consent

I understand that this treatment is for cosmetic purposes only. That no guarantee has been made to me regarding the results as I understand that every skin responds differently. I am responsible for the "at home care" using only the aftercare product in my at home care advice if not I may have risk of infection or fading of pigments if not carried out fully;

I consent to before and after photographs of this procedure which is at the tattooist's discretion

I cannot donate blood within 6 months from today

I consent to the use of topical anaesthetics containing lidocaine and epinephrine.

I am aware that I may require a follow up visit in 1-2 months' time to achieve the final result or adjustment. I am aware that latex gloves may be used and consent to their use.

I have been given an aftercare sheet via email and have read it. I am over 18 years of age.

CLIENT SIGNATURE (signed before procedure) \_\_\_\_\_

I am satisfied with the results obtained from this procedure I have been informed that colour may vary as the skin heals I have been given aftercare instructions.

CLIENT SIGNATURE (signed after procedure) \_\_\_\_\_

..... END CLIENT INFORMATION.....

Table with 4 columns: CLINIC USE ONLY, COLOUR, DROPS, and a fourth column for procedures/cost. Rows include Needle Size, Tattooist, and Comments.