**Tattooing Consent Form**

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| Name of premises: | BluFox Tattooing |
| Address of Premises:  Practitioner phone number: | 60A Bampton Street, Tiverton, Devon  07470226475 |
| Name of Practitioner (print): | SALOME PERRET |
| Name of Client (print): |  |
| Address and Tel No of Client:  Age and DOB of Client: |  |
| Proof of ID of Client seen: | Yes/No |
| Type of procedure: | Tattoo  Description: |
| Site of procedure and design (if applicable): |  |

**Medical History of Client**

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| --- | --- | --- | --- |
| Note: medical advice should be sought in any case of doubt as to whether procedure is suitable | **Yes**  (tick) | **No**  (tick) | Actions: if any questions answered ‘yes’ procedure to be reviewed and medical advice to be obtained. |
| Suffers from any heart conditions (e.g. prosthetic heart valve/ heart valve disease/ angina/ blood pressure issues)? |  |  |  |
| Suffers from epilepsy?  If yes, how controlled? |  |  |  |
| Suffers from haemophilia or other clotting disorders?  If yes, brief description |  |  |  |
| Suffers from any known blood borne virus? (e.g. Hep B, Hep C, Hep D, HIV)? |  |  |  |
| Suffers from diabetes or lupus? |  |  |  |
| Suffers from any problems with skin healing in the past e.g. psoriasis or eczema? |  |  |  |
| Suffers from any keloid scars? |  |  |  |
| Suffers from any known allergic responses e.g. plasters/creams/metal/iodine/shellfish  Latex/food stuffs/ other – indicate which if so |  |  |  |
| Takes any prescribed medication regularly (especially anticoagulants such as Warfarin or high doses aspirin; any immunosuppressants such as steroids)? If yes, indicate which. |  |  |  |
| Is the client pregnant? |  |  |  |
| Prone to fainting?  If yes please state the reason |  |  |  |
| Any known/previous reaction to dye pigments? |  |  |  |
| Any other relevant medical information? |  |  |  |

**Declaration:**

‘I declare that I give my full consent to tattooing being carried out by the practitioner. I confirm that potential complications, (e.g. infection and swelling) for the procedure undertaken and aftercare instructions have been explained to me. A written aftercare 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 been 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 of/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.

I have read the terms and conditions.’

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| --- | --- | --- |
| Signature of Client: |  | Date: |
| Signature of Practitioner: |  | Date: |