BODY ART CONSENT AND HEALTH DISCLOSURE FORM

WASECA INK
You think it. We ink it!

CLIENT INFO

Name: _____

Date of Procedure: _____ Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Type of Identification Provided:

Driver's License Passport Tribal ID Card

Military ID Permanent Resident Card (Green Card)

Circle the type of body art being performed:

Tattoo Arm Tattoo Leg Tattoo Back Tattoo Front

Tattoo Hand Tattoo Other (Describe): _____

Procedure Site/Description:

_____

Technician: ☐ Cory ☐ Nikkie *License #:* _____

MEDICAL HISTORY

Please circle any conditions listed below that apply to you:

Diabetes Hemophilia Skin disease (psoriasis, eczema, etc.)

Skin lesions Skin sensitivity to soap or disinfectant Epilepsy

Seizures Fainting Narcolepsy

Additional health information: _____

_____

How long has it been since you last ate? _____

Do you have any additional allergies to metals, soaps, cosmetics, or alchohol?	YES	NO
Do you have a condition that requires you to take medications such as anticoagulants that thin the blood or interfere with blood clotting?	YES	NO
Have you ever been prescribed antibiotics prior to dental or surgical procedures?	YES	NO
Do you have any other medical or skin conditions that might affect the outcome of this procedure?	YES	NO
Do you have any cardiac valve diseases?	YES	NO

INFORMED CONSENT TO RECEIVE BODY ART

PLEASE READ AND SIGN WHEN YOU ARE CERTAIN YOU UNDERSTAND THE IMPLICATION OF SIGNING.

In consideration of receiving BODY ART from, ☐ Cory ☐ Nikkie The practitioner at Waseca Ink (together with its employees and other technicians, the "Establishment") I,_____ (Client's name) confirm the following by initialing each applicable item below:

_____ **I understand that a tattoo is considered permanent and may only be removed with a surgical procedure.**

_____ I understand that any effective removal of a tattoo may leave scarring.

_____ 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 the information I provided in the medical questionnaire is complete and true to the best of my knowledge.

_____ The body art described or shown on this 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 associated with this body art procedure as explained by the technician.

_____ I understand that any medical information obtained may be subject to the federal Health Insurance Portability and Accountabillity Act of 1996 (HIPPA).

_____ I am aware of the signs and symptoms of infection, including but limited to, redness, swelling, tenderness of the procedure site, red streaks going from the procedure site towards the heart, elevated bidy temperature, or purulent draining from the procedure site.

_____ I understand there is a possibility of getting an infection as a result of receiving body art.

_____ **I will seek professional medical attention if signs and symptoms of infection occur.**

_____ **I agree to follow all instructions concerning the care of my body art procedure 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 even I feel lightheaded, dizzy, and/or faint before, during or after the procedure.

_____ **I consent to being photographed for Waseca Ink for promotional purposes.**

I, _____ (print name) have been fully informed of the risks of body art including but not limited to infection, scarring, and allergic reactions to items associated with body art procedures. Technician will not perform the body art procedure if you fail to complete or sign this form. Further, technician may decline to perform a body art procedure if the client has any identified health conditions. Having been informed of the potential risks associated with this body art procedure, I still wish to proceed with the body art application and I assume any/all risks that may arise from body art.

Client Signature _____ Date: _____

Technician Signature _____ Date: _____