



**CLIENT RECORD**

**\*This form is not intended to replace the notarized consent form required for persons under the age 18.**

<b>FACILITY NAME</b>	<b>CITY</b>	<b>FACILITY LICENSE NUMBER</b>	<b>DATE</b>
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**SECTION 1: CLIENT INFORMATION** If client is under the age of eighteen (18) parent or legal guardian's name shall also be provided. \*

<b>CLIENT NAME</b> (FIRST, MIDDLE, LAST)	<b>CLIENT AGE</b>	<b>CLIENT DATE OF BIRTH</b>
<b>CLIENT ADDRESS</b> (STREET, CITY, STATE ZIP CODE)		<b>CLIENT PHONE NUMBER</b>
<b>CLIENT DRIVER'S LICENSE NUMBER</b>	<b>PARENT OR LEGAL GUARDIAN DRIVER'S LICENSE NUMBER</b> (IF CLIENT IS UNDER AGE 18)*	

**SECTION 2: MEDICAL/HEALTH ASSESSMENT - QUESTIONS ARE TO BE ANSWERED BY THE CLIENT**

**CLIENT MEDICAL OR SKIN CONDITIONS** (CIRCLE/CHECK YES OR NO)

DO YOU HAVE DIABETES?	YES	NO	DO YOU HAVE MOLES OR FRECKLES AT THE SITE OF SERVICE?	YES	NO
DO YOU HAVE HEPATITIS?	YES	NO	DO YOU HAVE BURNS OR RASHES AT THE SITE OF SERVICE?	YES	NO
ARE YOU PREGNANT OR NURSING?	YES	NO	DO YOU HAVE OTHER MEDICAL OR SKIN CONDITIONS?	YES	NO
DO YOU HAVE EPILEPSY?	YES	NO	ARE YOU INEBRIATED OR INCAPACITATED FROM THE USE OF ALCOHOL	YES	NO
DO YOU HAVE HEART CONDITIONS?	YES	NO	DO YOU HAVE ALLERGIES?	YES	NO
DO YOU HAVE HEMOPHILIA?	YES	NO	IF YES, LIST ALLERGIES _____		
DO YOU HAVE COLD SORES AND/OR FEVER BLISTERS?	YES	NO	ARE YOU TAKING MEDICATION THAT THINS THE BLOOD?	YES	NO
HAVE YOU EVER EXPERIENCED KELOID SCARRING?	YES	NO	IF YES, LIST MEDICATION _____		
DO YOU HAVE PSORIASIS OR ECZEMA?	YES	NO			

**SECTION 3: TO BE COMPLETED BY THE CLIENT**

I, \_\_\_\_\_, acknowledge that I am aware certain medical conditions and treatments and/or medications used to treat those medical conditions may be adversely impacted by the procedure (s) of tattooing and/or body piercing. Such medical conditions include but are not limited to, impaired kidney and/or liver function, diabetes, jaundice, medication containing blood thinners and medications that weaken the immune system. I further acknowledge that the tattoo should be considered permanent; that said tattoo can only be removed with a surgical procedure; and that any effective removal may leave permanent scarring and disfigurement. I have read this form and confirm that all the information I have given is correct. I understand that this is a consent form and I agree to be legally bound by it.

<b>SIGNATURE OF CLIENT</b>	<b>DATE</b>
<b>SIGNATURE OF PARENT/LEGAL GUARDIAN</b> (IF CLIENT IS UNDER THE AGE OF EIGHTEEN)*	<b>DATE</b>

**SECTION 4: TO BE COMPLETED BY PRACTITIONER**

PROCEDURE(S) PERFORMED (CHECK ALL THAT APPLY)	Location on the body where service is being provided.	New, touch-up, or cover-up etc. or proper name for piercing .	Length of time of service ; N/A for body piercing.
TATTOO	LOCATION	TYPE	DURATION
BODY PIERCING	LOCATION	TYPE	DURATION <b>N/A</b>
COSMETIC TATTOO	LOCATION	TYPE	DURATION

69-15-15 (d) Each licensee shall take photographs for corrective procedures, in relationship to tattooing or permanent cosmetics, and before and after service, for records maintained.

I, \_\_\_\_\_, have reviewed this consent form and have advised the above named client both in writing and verbally of the dangers and contradictions of the procedure that is to be performed.

<b>SIGNATURE OF PRACTITIONER OR APPRENTICE</b>	<b>LICENSE NUMBER</b>	<b>DATE</b>
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**\*FOR BODY ART TRAINING PURPOSES ONLY**

I, \_\_\_\_\_, affirm that the above named apprentice is licensed by the Board under myself as a licensed trainer and performed this service under my direct supervision.

<b>SIGNATURE OF TRAINER</b>	<b>LICENSE NUMBER</b>	<b>DATE</b>
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