Tattoo consent

About five minutes, filled in before the stencil goes on.

Questions marked * need an answer.

Before your tattoo

Your answers go only to [studio], and your artist reads them before starting. We keep this record for [period]. Privacy policy: ________.

1. Your artist *

○ [Artist one] ○ [Artist two] ○ [Artist three]

2. Appointment date *

____

Date

3. Full name *

____

4. Date of birth *

____

Date

5. Are you 18 or over? *

○ Yes ○ No

6. Mobile *

____

7. Email *

Where we send your aftercare sheet.

____

8. Address *

____

Street address

____

Address line 2

____

City or suburb

____

State or region

____

Postcode or ZIP

9. Emergency contact: name and number

____

Your tattoo

10. Describe the tattoo *

11. Where on your body? Say left or right. *

12. Design check *

☐ I have checked the design, placement and spelling.

Health check

A Yes doesn’t mean we can’t tattoo you. Your artist may ask you to check with your doctor first.

13. Are you pregnant or breastfeeding? *

○ Yes ○ No

14. Do any of these apply to you? *

☐ Epilepsy, seizures or fainting
☐ A skin condition where the tattoo will go
☐ Heart condition or heart valve disease
☐ Keloid or raised scars
☐ Diabetes
☐ Haemophilia or another bleeding disorder
☐ Hepatitis, HIV or another blood-borne infection
☐ None of these

15. Do you take blood thinners, including daily aspirin? *

○ Yes ○ No

16. Are you allergic to latex, metals, adhesives, antibiotics or pigments? *

○ Yes ○ No

17. Have you reacted to tattoo ink before? *

○ Yes ○ No

18. Has a doctor ever told you to take antibiotics before dental or surgical work? *

○ Yes ○ No

19. Tell us about your Yes answers, and any medicine that affects healing *

Only if "Are you pregnant or breastfeeding?" is Yes or "Do any of these apply to you?" is Epilepsy, seizures or fainting, Diabetes, A skin condition where the tattoo will go, Haemophilia or another bleeding disorder, Heart condition or heart valve disease, Hepatitis, HIV or another blood-borne infection or Keloid or raised scars or "Do you take blood thinners, including daily aspirin?" is Yes or "Are you allergic to latex, metals, adhesives, antibiotics or pigments?" is Yes or "Have you reacted to tattoo ink before?" is Yes or "Has a doctor ever told you to take antibiotics before dental or surgical work?" is Yes.

20. When did you last eat? *

○ In the last 2 hours ○ 2 to 4 hours ago ○ Longer ago

21. Have you put numbing cream on today? *

○ Yes ○ No

22. Which cream? *

Only if "Have you put numbing cream on today?" is Yes.

23. Alcohol and drugs *

☐ I have not had alcohol or recreational drugs today.

Consent

24. Risks *

☐ I understand the risks, including infection, scarring and allergic reaction.

25. Permanence *

☐ I understand a tattoo is permanent, and removal is difficult and may scar.

26. Aftercare *

☐ I have been given aftercare instructions and will follow them.

27. Questions *

☐ I have had the chance to ask questions, and they have been answered.

28. Touch-ups *

☐ Touch-ups needed because aftercare wasn't followed are charged at [our normal rate].

29. May we photograph your tattoo for our portfolio and social media? *

○ Yes ○ No

30. Photo ID *

☐ I will show my artist photo ID before we start.

31. Signature *

By signing you confirm your answers are true.

Signature

Date

For the studio

32. Photo ID seen

Only if the link’s mode value is studio.

Record the type only. Do not copy the ID.

- ○ Driver licence
- ○ Passport
- ○ Proof-of-age card
- ○ Other photo ID

33. Artist signature

Only if the link’s mode value is studio.

Signature

Date