

(SAMPLE)

Body Art Client Consent & Disclosure Form

Risk Notification

A body art procedure can carry certain risks. Read and understand the following information before proceeding.

- A body art procedure can cause:
 - **Allergic reaction.**
 - **Bleeding, bruising, discomfort, pain, and swelling.**
 - **Irreversible modifications** to your body.
 - A body art procedure increases your risk of **infection**.
 - If you have a **heart condition**, you may have an increased risk of contracting bacterial endocarditis. You **should contact your physician** before receiving any body art procedure.
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Client Evaluation

If you have health or medical concerns, consult a physician before engaging in a body art procedure.

Answer the following to help us evaluate your condition for receiving a body art procedure safely.

1. Are you 18 years of age or older? **YES** ☐ **NO** ☐
2. Have you eaten within the past 4 hours? **YES** ☐ **NO** ☐
3. Are you under the influence of drugs or alcohol? **YES** ☐ **NO** ☐
4. Have you ingested anticoagulants, antiplatelet drugs, or NSAIDS (aspirin, ibuprofen, naproxen, etc.) in the last 24 hours? **YES** ☐ **NO** ☐
5. Have you ingested any medication that may inhibit the ability to heal a skin wound? **YES** ☐ **NO** ☐
6. Do you have allergies or adverse reactions to dyes, pigments, latex, iodine, or other such products?
YES ☐ **NO** ☐
If yes, please specify: _____
7. Do you have hemophilia, epilepsy, a history of seizure, fainting, or narcolepsy, or other conditions that may interfere with the body art procedure? **YES** ☐ **NO** ☐
8. Do you have a history of skin diseases, skin lesions, or other skin sensitivities to soaps or disinfectants that might inhibit the healing of the body art procedure? **YES** ☐ **NO** ☐
9. Do you have any communicable diseases (Hep A, Hep B, HIV, or any other disease that can be transmitted through broken skin or mucous membranes during the procedure)? **YES** ☐ **NO** ☐
10. Do you have diabetes, high blood pressure, heart condition, heart disease, or any other conditions that may interfere with the body art procedure? **YES** ☐ **NO** ☐
11. Are you or have you been pregnant within the last 3 months? **YES** ☐ **NO** ☐

Client Information

A valid photo ID is required. For minors, a legal parent/guardian must provide their ID, signature, and phone number.

Full Name: _____

Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Physical Address: _____

Phone Number: (____) ____ - ____

Informed Consent and Acknowledgment

By signing below, you are confirming that you understand and agree to the following statements:

- I am voluntarily obtaining body art services of my own free will and volition.
- I have had the opportunity to read and understand this consent and disclosure form.
- I have the ability to ask questions about the body art procedure before, during, and after the procedure.
- I have received and fully understand the written and verbal aftercare instructions.
- I acknowledge that all the information I have provided on this form is correct.

Client Signature: _____

(If client is a minor, parent/legal guardian signature is required below)

Today's Date (MM/DD/YYYY): ____ / ____ / ____

Parent/Legal Guardian Signature: _____

Today's Date (MM/DD/YYYY): ____ / ____ / ____

Body Art Procedure Record (For Operator/Artist Use)

Description of Procedure (type and location): _____

Body Artist's Name: _____

Body Artist's Signature: _____

Date of Procedure: _____

Sterile Implements Used: _____

This form must be completed before any body art procedure. The operator or body artist shall provide a copy of the completed consent and disclosure form in a printed or digital format upon a client's request. All information will be kept confidential, and records will be retained for three years as required by local health department regulations.