

CLIENT QUESTIONNAIRE AND CONSENT FORM FOR BODY ART

Before a body art procedure begins, the body artist shall obtain pertinent records and an informed consent from the client. This information shall be obtained in a **Client Questionnaire and Consent Form**.

A Client Questionnaire and Consent Form may include a client records form; medical history questionnaire and informed consent form to perform body art and will be considered confidential information. All information gathered from the client that is personal medical information and that is subject to the federal Health Insurance Portability and Accountability Act of 1996 (HIPPA) or similar state laws shall be maintained or disposed of in compliance with those provisions.

The shop permit holder is obligated to maintain proper records for each customer. The records shall include the following:

1. The date of the procedure.
2. Record of information on a picture identification showing name, age and current address of client.
3. The description of the procedure. This includes the design and location of the tattoo, permanent cosmetics, branding, or body piercing.
4. The name and registration number of the tattooist, permanent cosmetic technician, branding, or body piercer.
5. Copy of the signed Client Questionnaire and Consent Form to perform the tattoo, permanent cosmetic, branding, or body piercing procedures.

Included with this cover letter is a Client Questionnaire and Consent Form template. The Kern County Environmental Health Division recommends that all body art facility owners use this template as a guide to develop forms that will be specific in obtaining records beneficial in protecting the health and safety of all potential clients.

If you have any questions, please contact the Kern County Environmental Health Division, Body Art Program at (661) 862-8740.

CLIENT RECORDS

NAME: _____ DATE: _____

ADDRESS: _____

Apply a check to the type of body art being performed:

TATTOO _____ PERMANENT COSMETICS _____ BRANDING _____ PIERCING _____

DATE OF BIRTH

PROCEDURE SITE OF BODY ART

NAME AND REGISTRATION # OF PRACTITIONER
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COPY OR DESCRIPTION OF PROCEDURE

--

ID of Client

ID of Parent or Guardian <i>(Applicable <u>only</u> to underage body piercing)</i>
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MEDICAL HISTORY QUESTIONNAIRE

Name: _____
 Last First Middle

Date of Birth: _____ Sex: _____

Address: _____

Emergency Contact: _____ Phone: (_____) _____

Please check any conditions listed below that apply to you.

- | | | |
|--|--|---|
| <input type="checkbox"/> ALLERGIC TO ANTIBIOTICS | <input type="checkbox"/> EPILEPSY | <input type="checkbox"/> HERPES |
| <input type="checkbox"/> ALLERGIC TO LATEX | <input type="checkbox"/> FAINTING OR DIZZINESS | <input type="checkbox"/> HIV |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> GONORRHEA/SYPHILIS | <input type="checkbox"/> MRSA/STAPH INFECTION |
| <input type="checkbox"/> BLOOD THINNERS | <input type="checkbox"/> HEART CONDITION | <input type="checkbox"/> PREGNANT/NURSING |
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> HEMOPHILIA | <input type="checkbox"/> SCARRING/KELOIDING |
| <input type="checkbox"/> ECZEMA/PSORIASIS | <input type="checkbox"/> HEPATITIS | <input type="checkbox"/> SKIN CONDITIONS |
| | | <input type="checkbox"/> OTHER* |

*If you checked other, please state the condition.

How long has it been since you last ate?

Do you have any allergies such as metals, soaps, cosmetics or alcohol?

Do you use any medications that might affect the healing of the body art you wish to receive?

Do you have any other medical or skin conditions that may affect the outcome of your procedure?

Have you ever been prescribed antibiotics prior to dental or surgical procedures?

Do you have any cardiac valve disease?

Is there any other information you feel you should provide to the body art practitioner?

The information I have provided is complete and true to the best of my knowledge.

Signature of Client: _____ **Date:** _____

INFORMED CONSENT TO BODY ART

PLEASE READ AND CHECK THE BOXES WHEN YOU ARE CERTAIN YOU UNDERSTAND
THE IMPLICATIONS OF SIGNING

In consideration of receiving **BODY ART** from _____, the practitioner at
(Name of the Practitioner)
_____, (together with its employees, apprentices, and agents, the “Body Art Business”)
(Name of Tattoo Business)

I _____ confirm the following by initialing each applicable item:
(Client’s Name)

***CAUTION:** Tattoo inks, dyes, and pigments that have not been approved by the federal Food and Drug Administration have health consequences that are unknown.

- I am the person on the legal ID presented as proof that I am at least 18 years of age.
- I am under the age of 18 years old and have the presence of my parent or guardian to receive the body piercing **(Applicable only to underage body piercing. N/A if not applicable).**
- 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 that the information that I have provided in the medical questionnaire is complete and true to the best of my knowledge.
- I understand the permanent nature of receiving body art and that removal can be expensive and may leave scars on the procedure site.
- The body art described or shown on the client record 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 on physical activities such as bathing, recreational water activities, gardening, contact with animals, and the durations of the restrictions.
- I understand that any medical information obtained will be subject to the federal Health Insurance Portability and Accountability Act of 1996 (HIPPA).
- I am aware that tattoo inks, dyes, and pigments used on the procedure site have not been approved by the federal Food and Drug Administration, and that the health consequences of using these products are unknown.
- I am aware of the signs and symptoms of infection, including, but not limited to redness, swelling, tenderness of the procedure site, red streaks going from the procedure site towards the heart, elevated body temperature, or purulent drainage from the procedure site.
- I understand there is a possibility of getting an infection as a result of receiving body art particularly in the event that I do not take proper care of the procedure site.

- I will seek professional medical attention if signs and symptoms of infection occur.
- I agree to follow all instructions concerning the care of my tattoo, 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 I might feel lightheaded, dizzy during or after being tattooed.
- I agree to immediately notify the artist in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure.
- I agree to release and forever discharge and forever hold harmless _____ and its associates, agents, officers, and shareholders from any and all claims, damages, or legal actions arising from or connected in any way with my body art or the procedures and conduct used to apply my body art and any and all body art applied by _____ and its associates, agents and representative in the future.

I, _____ have been fully informed of the risks of tattooing including but not limited to infection, scarring, difficulties in detecting melanoma, and allergic reactions to tattoo pigment, latex gloves, and antibiotics. Having been informed of the potential risks associated with getting a tattoo, I still wish to proceed with tattoo application and I assume any and all risks that may arise from tattooing.

Signed: _____ **Date:** _____

If single-use pre-sterilized equipment is used please provide Lot/ID number.

Artist: _____ Lot/ID#: _____