

InkReady

Tattoo Consent & Medical History Form

Complete one per client, per procedure. Keep on file as liability evidence.

Studio

Studio name: _____

Artist: _____

Date: _____

Client & age verification

Full name: _____

Date of birth: _____

Phone / email: _____

Photo ID seen:

Passport

Driving licence

Other

ID checked by: _____

It is illegal to tattoo anyone under 18 in the UK (Tattooing of Minors Act 1969). Valid photo ID must be checked.

Procedure

Description: _____

Body location: _____

Medical history (tick any that apply)

Diabetes

Blood-borne virus (HIV, Hepatitis B/C)

Epilepsy

Currently taking medication

Pregnant or breastfeeding

Previous reaction to a tattoo/piercing

Haemophilia / clotting disorder

Heart condition or pacemaker

Allergies (latex, inks, metals, plasters)

Blood thinners (e.g. warfarin, aspirin)

Skin condition at the site

Keloid / problem scarring

Other relevant history: _____

Declaration & consent

I confirm I am 18 or over and the information above is accurate.

I am not under the influence of alcohol or drugs and am fit to proceed.

I have received and understood the aftercare advice.

I consent to this procedure and understand its permanent nature and risks.

Client signature: _____

Print name: _____

Date: _____

Free template from inkready.co.uk - tattoo studio compliance software. Not legal advice; verify your council byelaws.

