InkReady

Client Medical History Questionnaire

Complete with the client before every procedure.

Client name: _____

Date: _____

Please tick any that apply and add detail

- ☐ 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

Allergy details: _____

Medication details: _____

Other relevant history: _____

I confirm the above is accurate to the best of my knowledge.

Signature: _____

Date: _____