



# Consent Form

Deletion Date:     /     /

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

Proof of age/ID (to be completed by staff): \_\_\_\_\_

Condition	Yes	No	If Yes Please Provide More Information
Heart Issues			
Blood Pressure			
Blood or Clotting Disorders			
Blood Borne Virus (e.g. HIV, Hep C or Hep B)			
Skin Issues (e.g. Psoriasis, Eczema)			
Keloid Scarring			
Allergies (e.g. latex, metals, creams)			
Fainting or dizziness			
Reaction to dyes			
Diabetes			
Recurrent infections or inflammation			
Pregnant or breastfeeding			
Regular medication that interferes with healing			
Have you had surgery in the last six months			

**Please Complete Overleaf**

Tattoo FX, 32 Middle Village, Bolnore, West Sussex. RH16 4GH.

T: 01444 454411 E: Info@tattoo-fx.co.uk.

**Please tick boxes to confirm:**

- I declare that the information I have provided is correct to the best of my knowledge
- I am aware that it is a criminal offence to tattoo a minor (under 18)
- I am NOT under the influence of any drug or alcohol
- I have been made aware that due to the nature of skin in certain areas, in rare cases the tattoo may be prone to a halo effect (looks like a permanent bruise)
- I confirm that potential complications with the tattoo have been explained to me
- Aftercare has been explained to me and it is my responsibility to read and understand instructions given to me. I am aware that the associated risks of not following the aftercare instructions can include infection, blood poisoning, scarring, prolonged healing times, localised swelling/trauma and I understand that a tattoo is an open wound and should be treated as such
- I understand that my data will be kept for five years in paper form, in strict confidence and in compliance with GDPR requirements

Signed:

Date:

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