

Client Record for Tattooing

Date of Service: _____

This Section To Be: Completed by Licensed Tattooist and initialed by Client:

Print Tattooist Name: Last _____ First _____ Middle _____

Tattooist License Number: BAP-TA- _____ Exp. Date: _____

Procedure Area on the Body: _____

Type of Service Performed: Artistic Design Tattoo Permanent Color/Camouflage Tattoo

Date Service Performed: _____

Client Please Initial Here _____ **Date:** _____

This Section To Be: Completed by Client (Please Print Clearly):

Print Client's Name: Last _____ First _____ Middle _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) () (Cell) ()

Date of Birth: _____

Please check (√) if you have any of the following?

Diabetes

Psoriasis or Eczema

Hemophilia (**history of bleeding disorder**)

Cold Sores and Fever Blisters

Pregnant or nursing (breast feeding)

Other: Include any other medical issues, skin conditions, or diseases that may affect your tattoo services: _____

List any sensitivities to medications or topical solutions:

Informed Consent for Tattooing

A copy of this document must be provided to the client

Client Name (Please Print) _____ Date of Service _____

INFORMED CONSENT is both a process and a document – neither can stand alone as informed consent. The informed consent *process* must include a verbal review of the procedures, alternates, and risks of the tattoo procedure, as set out below, as well as an opportunity for the client to ask the tattooist any question about the tattoo service. The informed consent *document* must be signed by you, the client.

The information I supplied on this form is true and correct to the best of my knowledge. I have been fully informed both verbally and in writing of the risks of the tattoo service I am receiving including possible reactions, side effects and potential complications of the service. I have been informed both verbally and in writing regarding aftercare instructions for the tattoo service I am receiving.

Having been informed of the potential risks, possible reactions, side effects and potential complications associated with the tattoo procedure, I still wish to proceed with the service and I assume any and all risks that may arise from the service. As with any elective procedure, you have the option or alternative to choose a different procedure or to decline procedures.

X _____
Signature (Licensed Tattooist) _____ Date _____

X _____
Signature (Client) _____ Date _____

- ✓ Possible Reactions, Side Effects and Potential Complications of the Service Provided: Verbal Written
- ✓ Aftercare Documents Provided: Verbal Written
- ✓ Informed Consent Provided: Verbal Written

Complications during procedure or post procedure notes: _____

QUESTIONS: This is your opportunity to ask questions you have about the tattoo procedure, including questions about any possible risks.

Question #1: _____	Answer #1: _____
Question #2: _____	Answer #2: _____
Question #3: _____	Answer #3: _____
Question #4: _____	Answer #4: _____

A licensee may obtain advice from physicians regarding medical information needed to safeguard client and licensee. Advice from the physician must be documented in the client record.

A copy of the signed consent form must be given to the client (OAR 331-915-0085). The original signed consent form must be kept by the tattoo facility as a part of the client's records. Tattooist must retain all documentation above for a minimum of three years.

Provide a copy of this section to the client

Client Name (Please Print) _____ Date of Service _____

TATTOO SERVICE AFTERCARE INSTRUCTIONS: (Please print clearly)

POSSIBLE REACTIONS: _____

POSSIBLE SIDE EFFECTS: _____

POSSIBLE COMPLICATIONS: _____

RESTRICTIONS: _____

You've just received a tattoo service by a licensed tattooist. Now it is up to you to take appropriate care of the tattooed area during the healing period.

If you have any questions or comments during the healing of your tattoo procedure, please contact your licensed tattooist at: (_____) _____.
(Daytime Phone Number)

Comments or complaints, contact: Health Licensing Office, Regulatory Division
1430 Tandem Ave. NE, Suite 180
Salem, Oregon 97301-2192
(503) 373-8667