



**CLIENT INFORMATION
& CONSENT**

CLIENT INFORMATION:

FULL NAME

EMAIL

MOBILE

ADDRESS

DATE OF BIRTH

**ID CONFIRMED/
COPIED
IF CLIENT APPEARS
TO BE UNDER 25**

DECLARATION

- I understand and confirm that the licence holder has given me a full explanation of
 - The tattooing process
 - The risks and potential contraindications associated with this procedure
 - The social impacts associated with having a tattoo on the face or neck (if applicable)

I confirm that the information I have provided on my medical history and my age is correct to the best of my knowledge and that I am not currently under the influence of drugs or alcohol

I confirm that I have / have not (delete as appropriate) applied a topical anaesthetic to myself.

I understand that the aftercare instructions have been explained to me and I confirm that I have received information on aftercare, including the licence holders contact details.

I agree that it is my responsibility to follow the aftercare advice given to me.

I declare that I give my full consent to tattooing being carried out by the licence holder.

We may take photos or videos of your tattoo to share on social media & our website as this is integral to your artists career. Tick the box to confirm if you are OK with this.

CLIENT SIGNED: _____

Dated:

(If relevant) Signature of parent/legal guardian/carer:

The licence holder may ask the accompanying adult to sign to confirm that they have understood the information given, NOT that they consent to the procedure on the client's behalf. Tattooing is prohibited for any person under the age of 18.

Licence Holder name: MATT FAULKNER

Licence Holder Signature: _____

I, The Licence Holder can confirm that I am satisfied that the topical anaesthetic used by the client is approved and authorized by the MHRA

I, The Licence Holder can confirm that I am unable to confirm that the topical anaesthetic used by the client is approved and authorized by the MHRA. The appointment will therefore be re-scheduled

MEDICAL HISTORY OF CLIENT

Are you fit and well to receive treatment today?
(coughs, colds, "under the weather" etc) **YES / NO**

Section 1- Heart Conditions

Do you have any heart conditions such as angina or blood pressure problems? **YES / NO**

Do you have a prosthetic heart valve/ congenital heart disease? **YES / NO**

Do you have a pacemaker in situ? **YES / NO**

Section 2- Epilepsy

Do you have epilepsy **YES / NO**

Section 3- Blood Clotting Disorders

Do you have haemophilia or blood clotting disorders? **YES / NO**

Are you taking anticoagulants to prevent blood clots? **YES / NO**

Section 4- Diabetes

Do you have diabetes **YES / NO**

Section 5- Skin conditions and or/scars

Do you have any skin problems such as psoriasis or eczema/dermatitis? **YES / NO**

Do you have 'lumpy' raised scars (hypertrophic/keloid scars) **YES / NO**

Section 6- Allergies

Have you ever had an anaphylactic reaction
(requiring hospitalisation and/or adrenaline)? **YES / NO**

If YES what was the trigger?.....

Are you allergic to latex? **YES / NO**

Do you have any known allergies to plasters/
creams/metals/iodine/shellfish/foodstuffs/other? **YES / NO**

If YES, please state what

Section 7- Immunocompromised

Do you take any medication that affects your immune system such as 'immunosuppressive treatments' (eg: cancer treatment such as chemotherapy) high dose steroids or treatments used for inflammatory conditions? **YES / NO**

If YES, Please state what.....

Section 8- Pregnancy and breastfeeding

Are you pregnant or breastfeeding? **YES / NO**

Section 9- Fainting attacks

Are you prone to 'fainting attacks'? **YES / NO**

If YES, please state trigger.....

Section 10- Additional Medical Information

Is there anything else not previously mentioned that you would like to inform your licence holder about

If YES please provide details

.....

TOPICAL ANAESTHETIC

Have you applied a topical anaesthetic in advance or receiving the special procedure **YES / NO**

If YES, please provide details to the licence holder of the product that you have used:

.....

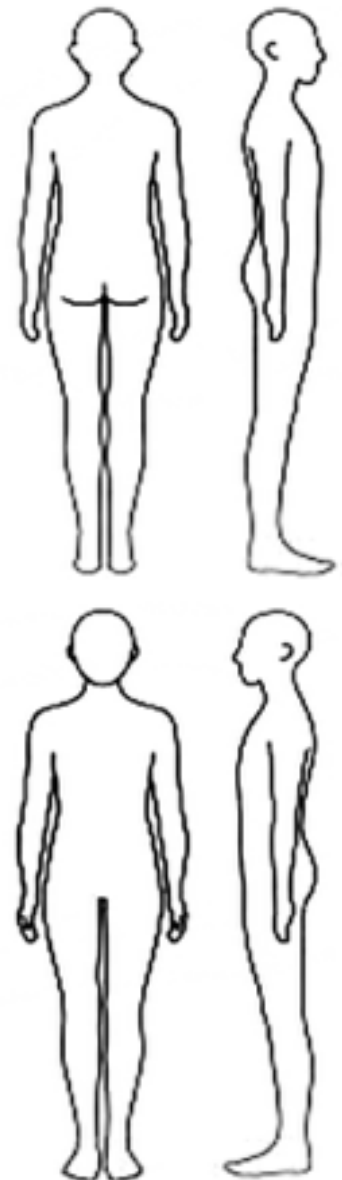
Section 11

Discussion where medical conditions identified

Briefly record the discussion, any actions and final decision

Colour	Brand	Product Code	Prod/Batch Number	Colour
Black	Panthera		T190625/592/25	Black
Black	Dynamic		LOT 72028040	Black
mixing solution	Dynamic		72029160	mixing solution
Black	Kuro Sumi		129408	Black
Black	Pitch Black	630148899428	M060123	Black
		630148868455	M060123	
		630148899336	M060123	
		630148899367	M06123	
		630148899398	M060123	
		630148899251	L012022	
White	Eternal	630148857619	M102623A	White
Caramel	Eternal	630148858142	L020322	Caramel
Yellow	Eternal	630148857985	M032323	Yellow
Bright Orange	Eternal	630148856704	M083123	Bright Orange
Orange	Eternal	630148856667	L120822	Orange
Red	Eternal	630148858029	MT1T623A	Red
Magenta	Eternal	630148857794	M0824423	Magenta
Purple	Eternal	630148856971	M092123	Purple
Blue Conc	Eternal	630148856858	M082123	Blue Conc
True Blue	Eternal	630148856896	M033023	True Blue

AREA TO BE TATTOOED



DESIGN DESCRIPTION :

PRACTITIONER: MATT FAULKNER, 07311794666, sotatattoo@yahoo.co.uk
SOTA TATTOO, 1A Barons Close House, East Street, Vale of Glamorgan, CF61 1XY