

## CLIENT HEALTH INFORMATION & DECLARATION OF UNDERSTANDING

You have requested a tattoo treatment that involves minor breakage of the skin with a needle, and this process may complicate some medical conditions. Please read the following information carefully, and if any of these conditions apply to you, you **MUST** declare them to the tattooist on the premises and discuss these matter with him.

### Skin conditions

**Eczema** this may make a person more prone to skin infections/irritation

**Psoriasis** or other chronic skin conditions, excluding acne and disorders of pigmentation - same complications as eczema

### Circulatory disorders

**Heart disorders** some heart defects render individuals more prone to serious hear complications from any blood infections.

**High/low blood pressure** can cause light headedness and may be linked to other heart-circulation disorders.

**Haemophilia** and other bleeding disorders - may resulting in poor clotting/healing.

### Pregnancy

**Nursing mothers** treatment must not interfere with the feeding process; also any risk of infection for them is also a potential risk to their baby.

**Pregnancy** the immune response may be affected by pregnancy; any infection may affect the unborn child.

### Other medical conditions

**Epilepsy** medication may cause side effects and poor control of the condition may result in fitting during treatment.

**Diabetes** long term sufferers may have circulation problems that can reduce healing properties of the skin; this can result in severe infection.

**Autoimmune disease** or other conditions or treatments causing immuno-deficiency (e.g. cancer treatments) - more prone to serious infection;

**HIV** a risk factor for the tattooist.

**Medication** side effects may affect healing and recovery from treatment.

### Allergic responses

**Allergies** especially nickel allergy; may result in serious skin reaction from small amounts of metal sometimes present in applied products (inks etc.)

### Other considerations before you undergo treatment

**COVID-19** If you, or someone in your household has any of the following symptoms, or has been in contact with any that has tested positive for COVID-19 in the last 14 days, a high temperature, a new continuous cough, a loss or change to your sense of smell or taste. Your appointment will then be place on hold until a new appointment can be arranged.

**General treatment** cannot be undertaken if you are under the influence of drugs or alcohol

**Any other conditions** the above list is not exhaustive. If you are suffering from any other medical condition not listed, please inform your tattooist.

I confirm that I have read the above information and discussed it with my tattooist.

Client Name:

Client Signature:

Date:

Tattooist Signature:

Was treatment refused by the tattooist? YES/NO (Circle as appropriate)

Reasons?