Client Intake Form

General Information

Name | Date of Birth

Address

City | State | Zip Code

Phone # | Email

Occupation

Emergency Contact Name | Phone #

Would you like to be added to our email list for specials and discounts? Yes ☐ No ☐

How did you hear about us?

Type of Identification Provided:

- ☐ Driver's License/ID
- ☐ Military ID
- ☐ Passport
- ☐ Permanent Resident Card/Green Card
- ☐ Tribal ID Card
- ☐

Medical History

Do you currently or have you had any of the following? Please check all that apply:

- ☐ Autoimmune Disorder
- ☐ Aids/HIV
- ☐ Bleeding Disorder
- ☐ Chronic Skin Disorder
- ☐ Cancer
- ☐ Cardiac Valve Disease
- ☐ Pregnant/Breastfeeding
- ☐ Chemotherapy
- ☐ Epilepsy
- ☐ Congenital Heart Disease
- ☐ Depression
- ☐ Diabetes
- ☐ History of MRSA
- ☐ Hemophilia
- ☐ Hepatitis
- ☐ Herpes
- ☐ Narcolepsy
- ☐ Mood Altering Disorder
- ☐ Serious Heart Condition
- ☐ Other: ____________

Do you have any other allergies? Yes ☐ No ☐

If yes, please list:

Are you currently taking any medications? Yes ☐ No ☐

Have you had any of the following? Please check all that apply:

☐ Skin Cancer — If yes, when?

☐ Surgery — If yes, when and what type?

Are you currently on any blood-thinning prescription or non-prescription drugs? Yes ☐ No ☐

If yes, what kind?

Are you currently taking any medications? Yes ☐ No ☐

If yes, what kind?

Have you ever been prescribed antibiotics prior to dental or surgical procedures? Yes ☐ No ☐

If yes, please explain:

Do you have any other medical or skin conditions that might effect the outcome of this procedure? Yes ☐ No ☐

If yes, please explain:

Do you have any cardiac diseases? Yes ☐ No ☐

By signing below, I agree to the following:

I have completed this form to the best of my ability and knowledge. I agree to inform the artist of any changes in the above information. I agree that I do not have any condition(s) that would make the requested service unsuitable. I will inform the artist of any discomfort I may experience at any time during my service to allow them to adjust accordingly. I agree to waive all liability toward my tattoo artist or the business for any injury or damages incurred due to any misrepresentation of my health.

______________________	______________________	______________________
Name Printed	Signature	Date