

**Client Basic Consultation Form**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **M / F** \_\_\_\_\_

**Address:** \_\_\_\_\_ **PC** \_\_\_\_\_

**Phone:** Home \_\_\_\_\_ Mobile \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency**

**contact:** \_\_\_\_\_ **Ph:** \_\_\_\_\_ **Mob** \_\_\_\_\_

**If you are under 18yrs of age you must have your Parents/Guardians consent License Number**

\_\_\_\_\_ **Parent or Guardians name:** \_\_\_\_\_

**Parent or Guardian signature:** \_\_\_\_\_

**Do you have any of the following?**

**Aids** No  Yes

**Hepatitis B or C** No  Yes

**High/low blood pressure** no  yes  If yes, please specify  
medication \_\_\_\_\_

**Are you any of the following?**

**Pregnant** No  Yes  **Diabetic** No  Yes  **Unwell at the moment** No  Yes

**On medication** No  Yes  please specify \_\_\_\_\_

Do you suffer with cold sores No  Yes  \_\_\_\_\_ As this treatment will bring them out

**Have you taken any Aspirin or any other drugs today?** No  Yes  \_\_\_\_\_

**How much alcohol have you had in the last 48hrs?** \_\_\_\_\_ **Glasses of** \_\_\_\_\_

**Do you faint?** No  Yes  Do you have high or Low blood pressure \_\_\_\_\_

I have had a Colour patch I am happy with the Colour No  Yes

**Do you have any allergies to pigments or anesthetics?** No  Yes  if yes please  
specify \_\_\_\_\_

**Have you had a cosmetic tattoo previously?** No  Yes  if yes any reactions?  
\_\_\_\_\_

**Are you considering laser resurfacing or any other Laser Treatment?**

No  Yes  if yes If yes bring this to the attention of your CT Therapist. \_\_\_\_\_

**Lifestyle activities** eg: swimming, gardening

etc \_\_\_\_\_

**Are you allergic to any of these ingredients?**

**Here you will place a list of the ingredients in your pigment**

**Please specify your expectations of what you would like to achieve from this cosmetic tattoo procedure**

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The above information you have supplied is kept in full confidence. The information is only used to determine if a cosmetic tattooing procedure can be performed on you.

**Disclaimer:**

Any information supplied to you today should not be considered a substitute for professional medical advice. If you suspect an infection, call your doctor or tattooist immediately to discuss and/or arrange an appointment.

I the undersigned have read and understood all of the above information. The information I have supplied is true and correct.

**Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_