QUESTIONNAIRE

1. Name: _____
2. Date: _____
3. Date of Birth: _____
4. Phone Number: _____
5. Email Address: _____
6. How did you hear about me? _____
7. Part of your body you want the tattoo on? _____
8. Do you have existing tattoos?

   _____

   _____
9. Any skin disease(s)? _____
10. Skin Type: dry. oily. sensitive. tan. freckles. stretch marks. scars.
11. Keloid scars?_____
12. Allergie? _____
13. Diabetes/Hepatitis/HIV? _____
14. Bruise easily? _____
15. Pregnant/Breastfeeding? _____
16. Taking blood thinners (aspirin, ibuprofen) _____
17. Any other health concerns?

    _____

    _____
18. Do I require a physician note? _____

19. On a scale of 1-10 how happy are you with your physical appearance?

_____

Pricing for each tattoo depends on size and design. Redness, swelling, and scabbing after getting a tattoo is normal. Not following the aftercare instructions properly will affect the healed result, and are 100% YOUR responsibility to follow.

Client Signature _____

Artist Signature _____