ReaTattoo's

Tattoo medical history of client form

Full name: _____

D.O.B: _____ Age: _____

Phone number: _____

Email: _____

Address: _____

_____

Postal code: _____

Female only: Are you pregnant or nursing?

- ◯ Yes
- ◯ No

I'm not currently under any influence of alcohol or drugs.

- ◯ Yes
- ◯ No

Do you have any skin conditions?

- ◯ Yes
- ◯ No

If yes, please identify above.

Suffers from any known blood virus (Hep B, Hep C, Hep D,HIV etc.)?

- ◯ Yes
- ◯ No

If yes, please identify above.

Takes any prescribed meditation regularly (especially any anticoagulants such as Warfarin or high dose aspirin; any immune-suppressants such as steroids)?

- ◯ Yes
- ◯ No

If yes, please identify above.

Any know previous reactions to ink before?

- ◯ Yes
- ◯ No

If yes, please identify above.

Please tell us about your medical history (diabetes, cardiovascular disease, epilepsy, blood-relative disease, lupus etc..).

Any other informations that tattoo artis should know?

◯ Yes
◯ No

Emergency contact:

Full name: _____

Phone number: _____

I AGREE THAT ALL THE INFORMATIONS IS TRUE AND THE BEST OF MY KNOWLEDGE

Signed: _____

Date: _____

Thank you

THIS IS ONLY FOR TATTOOIST

What brand of the ink and quantity use :