

# Permanent Tattooing Customer Consent Form



**Name of Premises:** KTREW Tattoo Studio  
The Jubilee Trade Centre, 130 Pershore St, Birmingham

**Name of Tattooist:** Kirstie / Ivy

Your Details	
<b>Name:</b>	
<b>Pronouns:</b>	He / Him      She / Her      They / Them      Other _____
<b>Address:</b>	
<b>Telephone Number:</b>	
<b>Date of Birth:</b>	
<b>Tattoo design, and placement:</b>	
<b>Your GP Name and Address:</b>	
<b>Proof of Age provided?</b>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Photo ID used (copy attached)</b>	Passport <input type="checkbox"/> Drivers Licence <input type="checkbox"/> Other: _____
<b>To be added to our mailing list to keep up to date with offers &amp; events, please provide your email address and sign.</b>	<b>Email Address:</b> _____ I consent to my details being added to the KTREW Tattoo mailing list: <b>Signed:</b> _____

Do you have any of the following conditions?		
Eczema, Psoriasis, Acne, Cellulitis, Keloids or any other skin condition?	Yes	No
Moles or sunburn in the area to be tattooed?	Yes	No
High/Low blood pressure (If on medication which stabilises your blood pressure, state yes).	Yes	No
Diabetes, Peripheral arterial disease, Cardiopulmonary disease, Haemophilia, or Heart Disorder.	Yes	No
Epilepsy or other forms of seizures	Yes	No
Hepatitis, Herpes Simplex, or HIV	Yes	No
Immune system disorder, Sarcoidosis, Auto-immune disease, or treatment causing it e.g. cancer treatment	Yes	No
Allergies – may result in serious skin reactions to products used for example inks	Yes	No
Any type of infection or rash anywhere on your body?	Yes	No
Pregnant, nursing mother, or have given birth within the last 12 months.	Yes	No
Medication – side effects may affect healing and recovery from treatment	Yes	No
Have you had any surgeries in the past 12 months?	Yes	No
Any other condition not listed – please state here _____	Yes	No

Covid-19		
Have you had a Covid Vaccine in the last 14 days or, do you have an appointment booked for one in the next 14 days?	Yes	No
<b>Do you have any of the following symptoms now?</b> <ul style="list-style-type: none"> <li>a high temperature, fever or chills</li> <li>a new continuous cough</li> <li>loss of or change to sense of smell or taste</li> <li>shortness of breath, unexplained tiredness, lack of energy</li> <li>muscle aches or pains that are not due to exercise</li> <li>sore throat, stuffy or runny nose</li> <li>diarrhoea, feeling sick or being sick</li> </ul>	Yes	No
<b>Have you, or anyone in your household had any of the above symptoms in the last 14 days?</b>	Yes	No

## Covid-19

**If you develop any of the above symptoms within 14 days after your tattoo appointment, you must let us know. Our artists are from the same household, so Covid-19 could result in the studio closing completely for a couple of weeks. Self-employed workers do not receive paid sick leave, so we need to manage the impact of closure on our income.**

Do you agree to let us know, as soon as possible, if you develop any of the above symptoms within the 14 days after your appointment?	Yes	No
Do you agree to let us know, as soon as possible, if you test positive for Coronavirus or Covid-19 within the 5 days after your appointment?	Yes	No

## Comfort & personal safety

Let us know how we can make things more comfortable for you.

For example, if you have a disability, are neurodiverse, need to tell us how your mental health is today, have a existing injury or pain, or if you're struggling with anxiety, we can adapt the process to suit you better.

We have stim toys, stress balls, blankets, a hot water bottle, and we can adjust the music and lighting if needed. We also offer silent appointments if you're not in the mood to chat.

You can write here or speak to the artist privately:

Is there anything you'd like to speak to your artist about privately?	Yes	No
Do you feel under pressure from someone else to be tattooed , or have you been coerced into getting tattooed against your will?	Yes	No

## Customer Declaration

**I am aware that the following are potential risks associated with tattooing:**

- Scarring, Blood Poisoning (Septicaemia), Localised Infection, Allergic Reaction to Pigment, Localised Swelling Around The Site

**I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions I have about getting a tattoo and that all of my questions have been answered to my full satisfaction. I am aware of the Covid-19 specific risks associated with tattooing:**

- I knowingly and willingly consent to having a tattoo with the potential risk of exposure to COVID19 and corona virus strains. I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of tattooing, that I have elevated the risk of contracting the virus by merely being in the Studio Environment

**I agree as follows:**

- If I have any condition that might affect the healing of this tattoo, I will advise my tattooer.
- I am not under the influence of alcohol or drugs.
- I acknowledge it is not reasonably possible for the representatives and employees of this tattoo studio to determine whether I might have an allergic reaction to the pigments or processes used in my tattoo, and I agree to accept the risk that such a reaction is possible.
- I acknowledge that potential complications, e.g. infection and swelling are always possible as a result of the obtaining of a tattoo, particularly in the event that I do not take proper care of my tattoo.
- I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my tattoo.
- I acknowledge that a tattoo is a permanent change to my appearance. To my knowledge, I do not have a physical, mental or medical impairment/disability which might affect my well-being as a direct or indirect result of my decision to have a tattoo.
- I acknowledge I am over the age of eighteen and that the obtaining of a tattoo is by my choice alone. I consent to the application of the tattoo and to any actions or conduct of the representatives and employees of the tattoo shop reasonably necessary to perform the tattoo procedure.
- **I declare that I give my full consent to the tattooing being carried out by the aforementioned practitioner. By signing this form I am declaring that I have read, understood and agreed with all of the contents.**

<b>Your Signature :</b>		<b>Date:</b>	
<b>KTREW Tattoo Signature:</b>		<b>Date:</b>	

**Your Data:** Your details (on this form) will be held on file in a secure location, and disposed of confidentially after a reasonable time. KTREW Tattoo would like to use photographs of your tattoo on their website, social media, and marketing materials. Please let us know here if you **do not consent** to this. \_\_\_\_\_