



48697 Hayes Rd., Shelby Twp. MI 48315 Suite 126 586-246-5115

Client Information Sheet

Please Print

Client Name _____ Date of Birth _____

Address _____ Phone _____

Email _____

Emergency Contact _____ Phone Number: _____

How did you hear about us? _____

Do you or have you had:

Jaundice, hepatitis, AIDS or positive HIV test? ___ no ___ yes

Diabetes? ___ no ___ yes

Seizures, fainting or narcolepsy? ___ no ___ yes

Currently pregnant or breastfeeding? ___ no ___ yes

Are you prone to keloid scars? ___ no ___ yes

Are you currently being treated for cancer? ___ no ___ yes

Do you have a history of any of the following:

Skin disease or skin cancer at the procedure site? ___ no ___ yes

Allergies of anaphylactic reaction to pigments/dyes or other sensitivities? ___ no ___ yes

Hemophilia or excessive bleeding? ___ no ___ yes

Any condition which impairs healing or may increase risk of infection? ___ no ___ yes

Do you take any medication which thins blood and/or interferes with clotting? ___ no ___ yes

If so, which medication? _____

Have you had any skin peels, Botox, fillers or permanent makeup previously ___ no ___ yes

If so, list type of treatment and last date of service: _____

I declare:

- To the best of my knowledge, the information provided above is accurate
- I am not under the influence of alcohol or a controlled substance and I am 18 years or older.

Client Name: _____ Date: _____

Signature: _____

Artist Signature: _____ Date: _____

Legal Guardian consent and agreement if above named individual is under the age of 18

***Birth certificate must also be presented and copied**

Guardian Name: _____ Date: _____

Signature: _____

Complaints regarding non-compliance with applicable state and local regulations as they pertain to body art facilities can be made to the Macomb County Health Department at (586) 469-5236

Health History Update:

There have been no changes in my health since my last visit. Signature _____ Date _____

There have been changes in my health since my last visit as listed here: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

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