WOKE TATTOO STUDIO

Client Consent & Health Declaration

Complete before every tattoo or piercing procedure. Fields marked * are required.

IMPORTANT Answer honestly. A Yes or Unsure answer does not automatically prevent service; it allows a private safety review. Do not stop prescribed medication unless a qualified healthcare professional tells you to.

1. APPOINTMENT AND CLIENT DETAILS

Appointment date (DD/MM/YYYY) * | **Time** | **Artist / piercer ***

Client full legal name * | **Preferred name**

Date of birth (DD/MM/YYYY) * | **Age *** | **Mobile / WhatsApp *** | **Email**

Residential address *

ID type (SA ID / passport / other) * | **Last 4 characters only *** | **Emergency contact name *** | **Emergency contact number ***

2. REQUESTED SERVICE

Choose one service. The final design, placement and procedure must be confirmed again before work begins.

Service *

- ○ Tattoo
- ○ Piercing
- ○ Studio
- ○ Approved mobile location

Body placement / piercing site * | **Design / piercing / jewellery description ***

3. AGE AND GUARDIAN DETAILS

Tattoos: 18+ only. Piercings: 18+; eligible piercings at age 16-17 require a parent/legal guardian present with valid ID.

No tattoo service is provided to anyone under 18. No piercing service is provided to anyone under 16.

Parent / legal guardian full name (if applicable) | **Relationship to client** | **Mobile number**

Guardian ID type | **Last 4 characters only**

☐ I confirm that I am the client's parent or legal guardian and have authority to consent.

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Health & Safety Screening

Private safety information - complete all Yes / No / Unsure choices.

This information helps the practitioner decide whether to proceed, modify or postpone the procedure. The studio does not diagnose medical conditions. If needed, you may be asked to obtain advice or clearance from a qualified healthcare professional.

4. HEALTH QUESTIONNAIRE

Select one answer on every line. Give only relevant details in the confidential notes box below.

1.	Are you pregnant, possibly pregnant or currently breastfeeding?	Yes	No	Unsure
2.	Do you have a condition or take medication that may affect healing or immune function?	Yes	No	Unsure
3.	Do you have a bleeding/clotting condition or take blood-thinning medication?	Yes	No	Unsure
4.	Do you have diabetes or difficulty controlling blood sugar?	Yes	No	Unsure
5.	Do you have a heart, circulation or blood-pressure condition relevant to this procedure?	Yes	No	Unsure
6.	Do you have a history of seizures, fainting or severe dizziness during procedures?	Yes	No	Unsure
7.	Is there a rash, wound, infection, sunburn or other skin concern at or near the procedure site?	Yes	No	Unsure
8.	Do you have a history of keloids, raised scars or unusual scarring?	Yes	No	Unsure
9.	Do you have allergies/sensitivities to ink or pigment, metals, latex, adhesives, antiseptics or anaesthetics?	Yes	No	Unsure
10.	Do you have a blood-borne or communicable infection relevant to procedure or aftercare safety?	Yes	No	Unsure
11.	Have you recently had surgery, antibiotics, serious illness, or are you currently under medical care?	Yes	No	Unsure
12.	Is there any other health, medication, allergy or healing concern the practitioner should know about?	Yes	No	Unsure

Confidential details for any Yes / Unsure answer (condition, medication, allergy, instructions or clinician advice)

5. DAY-OF-PROCEDURE READINESS

- [ ] I am not under the influence of alcohol or non-prescribed drugs, and I can understand and give voluntary consent.
- [ ] I have eaten and hydrated appropriately, unless the practitioner gave different instructions.
- [ ] The intended procedure site is free from an obvious active wound, infection, severe irritation or sunburn.
- [ ] I have told the practitioner about relevant health concerns and had the opportunity to ask questions.
- [ ] The information on this form is complete and accurate to the best of my knowledge.

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Informed Procedure Consent

Read carefully. Tick each applicable acknowledgement before signing.

Consent is informed and voluntary. You may ask questions or withdraw consent at any time before the procedure begins.
This form does not exclude or limit any right or remedy that cannot lawfully be excluded.

6. GENERAL ACKNOWLEDGEMENTS - ALL CLIENTS

- [ ] The procedure, intended site, expected process and available alternatives have been explained to me.
- [ ] I understand possible risks include pain, bleeding, swelling, bruising, infection, allergic reaction, scarring, delayed healing and an unsatisfactory cosmetic result.
- [ ] I understand results and healing vary between people and no exact result or healing time is guaranteed.
- [ ] I agree to follow written and verbal aftercare instructions and to seek qualified medical care for urgent or worsening symptoms.
- [ ] I will contact the studio promptly about a service-related concern and will not rely on the studio for medical diagnosis or treatment.
- [ ] I will tell the practitioner if any information changes before the procedure begins.

7A. TATTOO CONSENT - TATTOO CLIENTS ONLY

- [ ] I understand tattooing is intended to be permanent; fading, colour change, pigment migration and future touch-ups may occur.
- [ ] I have checked and approve the final design, wording, spelling, orientation, size and body placement before transfer or tattooing begins.
- [ ] I understand healed appearance can differ from a screen, print, stencil or reference image because of skin tone, texture, placement and healing.
- [ ] I understand tattoo removal or alteration can be costly, incomplete and carry additional risks.

7B. PIERCING CONSENT - PIERCING CLIENTS ONLY

- [ ] I understand suitability depends on anatomy and the piercer may refuse or change the planned placement or jewellery for safety.
- [ ] I understand additional risks may include migration, rejection, embedding, tearing, prolonged swelling, nerve/tissue damage and visible scarring.
- [ ] For oral/facial piercings, I understand jewellery may contribute to tooth, gum or oral-tissue damage.
- [ ] I approve the initial jewellery type, material, size and placement explained by the piercer.

8. FINAL PROCEDURE CONFIRMATION

Final design / jewellery / gauge *

Final placement *

Agreed total (R)

- [ ] I have completed the applicable section above and give informed consent for the confirmed procedure.

Privacy, Media Choice & Signatures

Your media choices are optional and do not affect whether you may receive the service.

9. PRIVACY NOTICE AND ACKNOWLEDGEMENT

Woke Tattoo Studio collects the personal and health information on this form to verify identity and age, assess procedure safety, provide and document the requested service, communicate about aftercare, respond to concerns, and meet applicable record-keeping or legal obligations. Health information is treated as confidential and is shared only where authorised, necessary for the service, required by law, or needed to protect vital interests.

Your completed form may be stored electronically after upload. Reasonable safeguards should be used to protect it. You may ask about access, correction, retention or deletion where applicable by contacting wokwoodie5@gmail.com or using the website Contact page. See the studio Privacy Policy for full details.

☐ I have read this notice and consent to the collection and confidential processing of the information I provide for the purposes stated above.

10. OPTIONAL PHOTOGRAPHY AND MEDIA CHOICES

Select one answer on each line. Marketing permission is separate from procedure consent and may be refused.

Confidential procedure-area photographs for my client record and aftercare comparison	○ Yes	○ No
Non-identifiable close-up images for the studio portfolio, website or social media	○ Yes	○ No
Identifiable images/video showing my face, voice, name or other recognisable features for marketing	○ Yes	○ No

You may withdraw permission for future marketing use by contacting the studio. Withdrawal may not undo material already lawfully published or distributed. The studio will not sell your images.

11. CLIENT DECLARATION AND SIGNATURE

By signing, I confirm that I have read and understood this form, received answers to my questions, provided accurate information, and freely consent to the procedure identified on page 3. I understand that signing does not guarantee a particular result and does not waive rights that cannot lawfully be waived.

Client full name typed as signature *

Date (DD/MM/YYYY) *

Time

☐ I intend my typed name above to serve as my signature and confirmation of this consent.

12. MINOR PIERCING - CLIENT ASSENT AND GUARDIAN CONSENT

Complete only for an eligible piercing client aged 16-17. Both the client and parent/legal guardian must sign.

Minor client full name typed as signature

Date

Parent / legal guardian full name typed as signature

Date

☐ I intend my typed name above to serve as my signature and I consent to the eligible piercing procedure described in this form.

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Studio Verification & Procedure Record

For staff completion before, during and immediately after the procedure.

13. PRE-PROCEDURE VERIFICATION

Do not begin until identity, age, consent, procedure details and health flags have been reviewed.

- [ ] Client ID checked
- [ ] Guardian ID / authority checked (if applicable)
- [ ] Health answers reviewed privately
- [ ] Aftercare instructions provided

Practitioner / witness full name *

Typed signature *

Date *

14. PROCEDURE AND MATERIAL RECORD

Start time

End time

Final body site *

Final procedure *

Ink / pigment / needle / jewellery / sterilisation lot or batch record

Procedure notes, health review outcome, changes, observations or follow-up required

15. COMPLETION AND AFTERCARE

Aftercare supplied (written / digital / both) *

Suggested follow-up date

Incident reference (if any)

- [ ] I confirm that the procedure record is accurate, aftercare was explained, and any immediate concern or follow-up was documented.

Practitioner full name typed as completion signature *

Date *

Time