Studio name _____

Body modification consent (adults only)

For clients 18 and older. Some states ban some of these procedures or treat them as medical procedures; the form checks your state's rules.

About you

Your name
First name

Last name

Date of birth (MM/DD/YYYY)

Phone

Email

Home address
Street address

City, state, ZIP

Photo of your ID

Attach a copy of the photo ID to this form

Emergency contact

Your procedure

Which procedure?

☐ Scarification by cutting ☐ Scarification by skin removal ☐ Branding (strike or cautery)
☐ Subdermal implant ☐ Transdermal implant ☐ Tongue splitting ☐ Ear shaping
☐ Dermal punch or scalpelling ☐ Suspension

Where on your body

Mark or describe the placement

Describe what you're getting

Health questions

Please answer every question. We won't start unless this form is complete and signed, and your practitioner may decline a procedure because of a health condition. These questions aren't medical advice, so check with your doctor about anything you're unsure of.

Are you pregnant, could you be, or are you nursing?

☐ Yes ☐ No

Do you have diabetes?

☐ Yes ☐ No

Do you have hemophilia or another bleeding disorder?

☐ Yes ☐ No

Which one?

Do you take a medicine that thins your blood or affects clotting, such as warfarin or a daily aspirin?

☐ Yes ☐ No

Which one?

Have you taken a blood thinner in the last 24 hours?

☐ Yes ☐ No

Are you under the influence of alcohol or drugs right now?

☐ Yes ☐ No

Do you have a skin condition such as psoriasis, eczema, a rash, a sore or a sunburn, or a sensitivity to soaps or disinfectants?

☐ Yes ☐ No

What is it, and where?

Have you had herpes, cold sores or fever blisters on or near the area?

☐ Yes ☐ No

Do you have epilepsy, seizures, fainting spells or narcolepsy?

☐ Yes ☐ No

Are you allergic to latex, antibiotics, or any medicine, metal or skin product?

☐ Yes ☐ No

What are you allergic to?

Do you have heart valve disease?

☐ Yes ☐ No

Do you take any medicines, including antibiotics you take before dental or surgical procedures?

☐ Yes ☐ No

Which ones?

Do you tend to form raised scars (keloids)?

☐ Yes ☐ No

Have you eaten in the last few hours?

☐ Yes ☐ No

Is there anything else about your health we should know, including anything that could raise the risk of a blood-borne infection?

☐ Yes ☐ No

Tell us more.

What you agree to

Adults only

I'm 18 or older, and the photo ID I showed is mine.

Initials _____

This is permanent

I understand this procedure is permanent or may not be fully reversible, and the result, including how the scar or tissue heals, can't be predicted exactly.

Initials _____

Risk of infection and healing

I understand this procedure carries a risk of infection, bleeding and slow healing, and an implant can migrate or be rejected. I'll follow the aftercare steps and see a doctor if I think something is wrong.

Initials

Not a medical procedure

I understand my practitioner isn't a doctor and this isn't medical care. I've told the studio about any health condition that could affect healing.

Initials

My answers

My answers are true and complete. I'll tell the studio if anything changes before or during my appointment.

Initials

Photos of your work

Deposit policy

Your deposit holds your appointment and comes off your final price. Moving your appointment needs at least 48 hours' notice.

Initials

the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.

Your signature

Date

Printed name

For the practitioner (For the studio)

Procedure, placement and size

Implants, blades and needles used

Implant material and mill certificate

Anything that came up during the procedure