



Bayshore Tattoo Studio

Medical History Form (page 1)

The purpose of this form is to provide any information that would aid our practitioner in your body art evaluation and healing process.

Name (Print)

First _____ Last _____

Phone _____

Do you have any of the following medical conditions: (Please check Y or N)

Diabetes ___ Y ___ N

Allergies ___ Y ___ N

Skin Conditions ___ Y ___ N

High Blood Pressure ___ Y ___ N

Please List any other medical conditions:

Are you taking any medications? ___ Y ___ N

If Yes, Please Explain:



Bayshore Tattoo Studio

Medical History Form (page 2)

Are you Pregnant? ___ Y ___ N ___ NA

Are you allergic to Iodine? ___ Y ___ N

Are you taking acne medication? ___ Y ___ N

Latex Policy

Our practitioner will use Latex Gloves unless you indicate you are allergic to Latex.

Are you allergic to Latex? ___ Y ___ N

If Yes, Bayshore Tattoo Studio will use Non-Latex Nitrile Gloves

Tattoo Ink

Bayshore Tattoo Studio will use the following ink for your tattoo:

Brand of Ink: _____

Black Lot# _____ Exp: _____

Grey Lot# _____ Exp: _____

White Lot# _____ Exp: _____

Client Signature: _____ Date: _____

Practitioner Initials: _____ Date: _____