

Patron Case History Form

(Required by the Health District)

Please print clearly

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: Work (_____) _____ Home (_____) _____

Check () if the answer to any of the following questions are true.

- 1. Have you ever had AIDS or a positive HIV test?
- 2. Do you currently have, in a communicable stage, an infectious or contagious disease, parasitic infestation, weeping lesions or weeping dermatitis?

If either box was checked, you shall not be tattooed or pierced.

Signature of Patron Date

Signature of Parent or Guardian if patron is under 18 years of age Date

PARENT OR GUARDIAN MUST BE PRESENT AT THE TIME OF TATTOOING OR PIERCING IF PATRON IS UNDER 18 YEARS OF AGE.

STUDIO USE ONLY:

Studio: _____ Address: _____

Services performed by: _____ Type of Service: _____ Tattoo _____ Body Piercing

Describe type and location of tattoo or piercing: _____

Driver's license number of patron: _____

Is patron under the influence of drugs or alcohol? _____ Yes _____ No

If applicable: Describe reason for denial of service: _____

_____ Procedures and aftercare instructions given to patron.

On the back of this form, list colors used, manufacturer and dye lots for each pigment used.