



*Nick van Zwol*  
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**CONSENT FORM**

**I, the undersigned (name) \_\_\_\_\_ declare:**

- I have well considered and willingly taken the choice to put a tattoo.
- I am/was not under the influence of alcohol or drugs before or during the treatment.
- I have been informed about the risks that can occur as a result of the putting of the tattoo, like infections, scarring and allergic reactions..
- I currently do not have any discoloration, swelling, lumps or any other form of irritation on my body and consider myself healthy enough to have this tattoo applied.
- I use currently no anticoagulants.
- If your tattoo is intended to camouflage an irradiation or surgery scar, please speak with the doctor by whom you are treated or by whom you are being monitored.
- If you are under treatment by a dermatologist, ask before you decide to have a tattoo.
- If you are pregnant it is not recommended to put a tattoo because of the increased sensitivity for infections.

**I do/do not suffer from any form of:**

- Hemophilia ..... do/do not
- Chronic skin disease ..... do/do not
- Contact allergy ..... do/do not
- Diabetes ..... do/do not
- Immune disorder ..... do/do not
- Cardiovascular abnormalities ..... do/do not

***The application of a tattoo is strongly discouraged if one or more times 'do' applies.***

**I have received the following written information from the practitioner:**

- Information about the risks of having a tattoo put / - After-care instructions for the tattoo.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Name legal representative (when under 18): \_\_\_\_\_

ID number: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_