

Client record

Tattoo and permanent makeup

Business name

CLIENT DETAILS

Full name

Phone number

Email

Date of birth

SERVICE DETAILS

Procedure (tattoo, permanent makeup, touch up)

Area of the body

Health conditions, for example diabetes, blood thinners or skin conditions

Allergies to pigments, numbing creams or latex

Pregnancy or breastfeeding

Pigments and needles used

Healing notes

Notes

Date

Specialist signature