Consent form & treatment record – Tattoo

Spicy Collective AB (Spicy Tattoo) · Reg. no. 559368-0183 · Nedre Torekällgatan 5, 151 72 Södertälje · 070-750 42 08 · info@spicycollective.se

No. _____

Date _____

1 · Client details

First and last name _____ Date of birth _____

Street address _____ Postcode, city _____

Phone _____ Email _____

☐ Valid photo ID checked by the studio (age + identity) Type: ☐ ID card ☐ Passport ☐ Driving licence
checked by _____

Data minimisation: no copy of the ID and no ID number is stored.

2 · Health questions

* Are you currently under the influence of alcohol, drugs or impairing medication (last 24 h)?	☐ Yes	☐ No
* Do you take blood thinners (e.g. aspirin, warfarin) or have a bleeding disorder?	☐ Yes	☐ No
Diabetes?	☐ Yes	☐ No
Heart or circulatory disease, epilepsy or tendency to faint?	☐ Yes	☐ No
Allergies (e.g. latex, nickel/metals, pigments, disinfectants, plasters, local anaesthetics)?	☐ Yes	☐ No
* Skin condition at the site (eczema, psoriasis, inflammation, mole, fresh scar, sunburn)?	☐ Yes	☐ No
Tendency to keloids or poor wound healing?	☐ Yes	☐ No
Weakened immune system (e.g. immunotherapy, chemotherapy, cortisone) or a known transmissible infectious disease?	☐ Yes	☐ No
* Pregnant or breastfeeding?	☐ Yes	☐ No
Medication / allergies / other (please specify): _____		

* If "yes", we do not carry out the procedure, or only after discussion or medical clearance. We refuse any procedure under the influence of alcohol or drugs.

3 · Information about risks

Even with the most careful, hygienic work a residual risk remains. I have been informed in particular about:

- Infections and inflammation
- Allergic reactions to the material, also years later
- Scarring and keloids
- Swelling, bleeding, pain, circulatory reactions
- Colour changes, fading or blurring; the result also depends on skin and aftercare
- Removal is complex, costly and not always completely possible
- Possible skin reactions (e.g. burning) during MRI scans

Scan & read

Aftercare guide

REACH tattoo inks

4 · Consent

☐ I am of legal age (at least 18) and able to understand the consequences of the procedure.

☐ My health information is complete and true. I will report any changes before the procedure.

☐ I was informed orally and in writing about the procedure, risks and aftercare, could ask questions and received the aftercare guide (flyer/PDF).

☐ I have checked and approved the design, size, colours and placement (section 6). I understand that a tattoo is permanent.

☐ Before the procedure I was given the information on the labels of the tattoo inks used (incl. manufacturer, batch number, ingredients) – including any notice "Contains nickel / chromium (VI). Can cause allergic reactions." (REACH Annex XVII entry 75, Regulation (EU) 2020/2081).

☐ I consent to the procedure described. There is no entitlement to a specific healing result; statutory claims, in particular for injury to life, body or health, remain unaffected.

_____ Place, date

_____ Client signature

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Data protection & photos

Controller: Spicy Collective AB, reg. no. 559368-0183, Rönnvägen 15a, 153 36 Järna, Sweden, info@spicycollective.se. We process your details to carry out the service (Art. 6(1)(b) GDPR), to document the information and consent given and to trace the materials used in case of later reactions (Art. 6(1)(f) GDPR). We process your health information only with your explicit consent (Art. 9(2)(a) GDPR), which you give by signing; without it we cannot carry out the procedure safely. The records are kept on paper under lock, not passed on, and destroyed 10 years after the procedure. You have the right to access, rectification, erasure (unless retention reasons apply), restriction and objection, and to complain to the Swedish Authority for Privacy Protection (IMY). Details: spicycollective.se/en/privacy/

☐ Photos of my tattoo/piercing may be published without my face / unrecognisably on the studio's website and social media (voluntary, can be withdrawn at any time for the future).

☐ … also with my face recognisable.

Client signature (data protection/photos)

Tattoo artist carrying out the work

First and last name (block letters) _____ Date / time of the procedure _____

The person named carries out the procedure and is responsible for the information given, hygiene and this record.

6 · Design approval

Design / description _____ Body placement, side _____

Size (approx. cm) _____ Colour / black and grey _____

Client: design and placement approved (signature)

Tattoo artist

7 · Treatment record – tattoo inks (completed by the studio)

Manufacturer / brand	Colour / shade	Batch no. (LOT)	Best before	Opened on	REACH ✓	Ni/Cr(VI)
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

Ni/Cr(VI): tick if the label says “Contains nickel / chromium (VI). Can cause allergic reactions.” – client was informed. REACH ✓: label “Mixture for use in tattoos or permanent make-up”, compliant with REACH Annex XVII entry 75.

Material	Manufacturer / type	Batch no. (LOT)	Best before
Needles / cartridges (sterile, single-use)			
Skin disinfectant			
Skin marker / stencil (single-use)			
Film / dressing			
Autoclave cycle (no. / date) of reusable instruments			

Session: start – end _____ Next session _____

☐ Aftercare guide handed over ☐ Ink label information shown/handed over ☐ Result discussed with the client

Tattoo artist's signature

Client: procedure received as agreed