

Studio Lovecraft

CLIENT PROFILE

*Name: _____ DOB: ____/____/____

Pronouns: _____ *Legal Name (if different): _____

Member ID: _____ (Inquire with reception to sign up to the Cult of Cthulhu! Membership program.)

*Phone Number: (____) _____ - _____ Instagram Handle: @_____

*Email: _____



EMERGENCY CONTACT

Name: _____ Phone Number: (____) _____ - _____

1. Please list known allergies (including food allergies) and your reaction:

2. Have you ever received a tattoo before (check one)?

Never _____ Once or Twice Before _____ Many Times Before _____

3. Are you especially sensitive to needles? (ex. When having blood drawn or receiving vaccinations, piercings or tattoos, you have experienced fainting, nausea, vomiting, etc. Note: Answering "yes" does not disqualify you from receiving a tattoo or piercing.)

Yes _____ No _____

4. How did you hear about us?

5. Anything else you'd like us to know?

**Required.*

Thank you for your responses! We appreciate your feedback.