

## **AFTERCARE INSTRUCTIONS**

CLIENT NAME: \_\_\_\_\_

The following verbal and/or written instructions were communicated to the client:

1. Responsibilities and care following the Body Art procedure(s).
2. Possible side effects specific to the type of procedure(s)
3. Physical restrictions with an activity time line.
4. Signs and symptoms of local or general infection.
5. Instructions to call a physician if any of the addressed signs and symptoms appear or for any other reason related to the Body Art procedure(s).
6. If physician care is required by the client related to the Body Art procedure(s), the client is to notify the Body Art facility and practitioner of the problem and the resolution by a physician or clinic. This information shall be placed in the client's file.
7. Information on the care of the procedure site.
8. Restrictions on physical activities such as bathing, recreational water activities, gardening, or contact with animals, and the duration of the restrictions.
9. Signs and symptoms of infection, including, but not limited to, redness, swelling, tenderness of the procedure site, red streaks going from the procedure site towards the heart, elevated body temperature, or purulent drainage from the procedure site.

COMMENTS:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge this information is correct:

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have received aftercare instructions:

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_