Client Record - Body Piercing Informed Consent

Last Name :_____ First Name :_____

Address :_____City :_____State :_____Zip :_____

Client Date of Birth	Name of Piercing & Location on Body	Name of Body Piercer
_____	_____	_____

I accept this body piercing. Client Signature: _____ Date: _____

MEDICAL HISTORY

Please check any conditions listed below that apply to you.

	Diabetes		Hemophilia		TB		Asthma
	Epilepsy		Fainting or Dizziness		Allergic reaction to any metals/ antibiotics		Allergic reactions to latex
	Blood Thinners		Herpes		Scarring/Keloiding		Eczema/Psoriasis
	Heart Condition		Pregnant/Nursing		Skin Conditions		Other

How long has it been since you last ate? _____

Do you have any allergies? _____

Do you use any medications that might affect the healing of the body piercing you wish to receive?

_____

Do you have any other medical or skin conditions that may affect the outcome of your procedure?

_____

Have you ever been prescribed antibiotics prior to dental or surgical procedures? _____

Is there any other information you feel you should provide to the body piercer? _____

_____

PLEASE READ AND CHECK THE BOXES WHEN YOU ARE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING THIS DOCUMENT

In consideration of receiving a body piercing from _____
(Name of Practitioner) , practitioner at _____, (Name of Business)

I confirm the following:
__ I am not pregnant.
__ I do not have a history of herpes infection at the proposed procedure site, diabetes, allergic reactions to latex or antibiotics, hemophilia or other bleeding disorder, or cardiac valve disease.
__ I do not have a history of medication use or is currently using medication, including being prescribed antibiotics prior to dental or surgical procedures.
__ All questions about the body piercing procedure have been answered to my satisfaction, and I have been given written aftercare instructions for the body piercing I am about to receive.
__ I have been informed about what I can expect following the body piercing listed on the informed body piercing informed consent form, including medical complications that may occur following this body piercing.
__ I understand that body piercing can result in nerve damage, bone and tooth loss, and that if I choose to remove my jewelry, holes or scars may be left.
__ I am the person on the legal ID presented as proof that I am at least 18 years of age, or the body piercing will be performed in the presence of, or as directed by a notarized writing, by my parent or legal guardian.
__ I am not under the influence of alcohol or drugs and that I am voluntarily submitting to body piercing without duress or coercion.
__ I understand there is a possibility of an allergic reaction to the jewelry inserted into the fresh body piercing.
__ I understand there is a possibility of getting an infection, and I have been advised of the signs and symptoms of infection that indicate a need to seek medical attention.
__ I agree to follow all instructions concerning the care of my body piercing.
__ I understand that there is a chance I might feel lightheaded or dizzy during or after being pierced.
__ I agree to immediately notify the body piercer in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure.

I, _____have been fully informed of the risks of body piercing including but not limited to risk factors for bloodborne pathogen exposure, infection and other medical complications, allergic reactions to metal jewelry, latex gloves, and antibiotics. Having been informed of the potential risks associated with receiving a body piercing, and I still wish to proceed with the procedure. I assume any and all risks that may arise from the body piercing.

Signed: _____ Date: _____