Business name _____

Piercing Consent

The main risk with any piercing is infection while it heals, which is why aftercare matters as much as the piercing itself: plus a smaller chance of an allergic reaction to the metal or the piercing migrating or rejecting. The questions below help flag anything that makes healing more likely to be a problem.

Full name

Date of birth

Home address

Ask your piercer what age rules apply to the piercing you want.

Are you under 18? ☐ Yes ☐ No

Emergency contact (name and relationship)

GP name (so we can follow up if needed)

Do you smoke? ☐ Yes ☐ No

Any known allergy to metals, including nickel? ☐ Yes ☐ No

Do you have a history of keloid scarring, or a bleeding/clotting disorder? ☐ Yes ☐ No

Are you pregnant or breastfeeding? ☐ Yes ☐ No

☐ I understand the aftercare advice given and agree to follow it.

☐ I confirm the information I've given above is accurate, and I consent to this treatment.

☐ I give my explicit consent for the business named above to use the health information on this form to provide my treatment safely.

Client's signature _____ Date _____

Client's name in capitals _____

Therapist's signature _____ Date _____