



Piercing Consent Form

Draft. Not yet approved by the studio's qualified practitioner. Do not issue to clients.

Please read this form carefully and ask us about anything you do not understand. Initial each statement, answer every question, then sign. You can change your mind at any point. If you prefer to discuss any answer in private, tell your piercer. If you are under 18, you also need the Parental Consent for Piercing form.

Your details

Full name: _____

Date of birth: ____ / ____ / ____

Email: _____

Telephone: _____

Booking reference: _____

Piercing requested and placement: _____

Declarations

1. I confirm that I am 18 years old or over, or that I am under 18 and my parent or guardian has signed the Parental Consent for Piercing form. (Initials: _____)
2. I have shown my piercer valid photographic ID, and it matches the name and date of birth above. (Initials: _____)
3. I am not under the influence of alcohol or drugs. (Initials: _____)
4. I have answered the health questions below honestly and completely, and I have told my piercer about any medicine I take. (Initials: _____)
5. My piercer has checked the placement with me, and I am happy with it. I understand that my piercer may change the placement or decline if it is unlikely to heal well. (Initials: _____)
6. My piercer has explained the risks, including infection, swelling, bleeding, scarring, keloid scars, an allergic reaction to jewellery, jewellery moving or being pushed out by the body, nerve damage, and the piercing closing if jewellery is removed. For oral piercings this includes damage to teeth and gums and swelling that can affect breathing. (Initials: _____)
7. I understand that healing takes weeks to months, and that some piercings take a year or more. My own health and aftercare affect the result. (Initials: _____)
8. I have chosen my jewellery after discussing the material and size. I understand that the first jewellery is longer to allow for swelling, and that I will need to return for it to be changed (downsized). (Initials: _____)
9. I have seen sterile, single-use needles and sterile jewellery opened for my piercing, or I have been told I can ask to see them. (Initials: _____)



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10. I have received written aftercare instructions, and my piercer has explained them. I will follow them, and I will contact the studio, my GP or NHS 111 if I am worried about healing. (Initials: _____)
11. I understand that I should not remove the jewellery for a suspected infection unless a clinician advises it. (Initials: _____)
12. I understand that I can ask to stop at any time. (Initials: _____)
13. I have read the Deposits, Cancellations and Refunds guide. I understand that this form does not affect my legal rights. (Initials: _____)
14. I have been told how the studio uses my personal information, and where to find the Privacy Notice. (Initials: _____)

Photographs

Circle Yes or No for each. You can change your mind later, and this does not affect your piercing.

- Photographs of my piercing for my private record, and to help my piercer check healing. Yes / No
- Photographs shared on the studio portfolio or website. Yes / No
- Photographs shared on the studio social media. Yes / No

Health history

Please circle Yes or No. If you answer Yes to any question, tell your piercer. It does not always mean that we will say no.

- Are you pregnant, breastfeeding or trying to conceive? Yes / No
- Do you have a bleeding or clotting disorder, or do you take blood-thinning medicine? Yes / No
- Do you have diabetes? Yes / No
- Do you have a heart condition or heart valve problem? Yes / No
- Do you have epilepsy, or do you faint easily? Yes / No
- Do you have a weakened immune system, or take medicine that lowers it (including steroids, or chemotherapy)? Yes / No
- Do you have a history of keloid or very raised scars? Yes / No
- Do you have a skin condition, such as eczema, psoriasis or dermatitis, at the piercing site? Yes / No
- Do you have a rash, a cold sore, an infection or broken skin at the piercing site? Yes / No
- Are you allergic to metals (especially nickel), latex, adhesives or antiseptics, or have you reacted to a piercing before? Yes / No
- For an oral piercing: do you have gum disease, braces or current dental problems? Yes / No
- Have you had surgery or hospital treatment in the last six months? Yes / No
- Are you taking, or have you recently stopped taking, isotretinoin (acne medicine)? Yes / No
- Are you unwell today, with a fever, cold or flu? Yes / No



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- Have you eaten today? Yes / No
- Is there anything else we should know? Yes / No

If you answered Yes to anything, please give details: _____

Your signature

Client signature: _____

Date: ____ / ____ / ____

Practitioner section

Practitioner name: _____

Licence or registration number: _____

Registering council: _____

ID checked (type and expiry): _____

Piercing and site: _____

Needle lot number: _____

Jewellery: material, size and lot number: _____

Aftercare given (written and verbal): Yes / No

Practitioner signature: _____

Date: ____ / ____ / ____

Practitioner to confirm: the studio's tablet consent form is the main record. Use this paper version when the tablet is not available, or to print for the client. Paper health answers are sensitive information, so confirm how and where they are stored, for how long, and who may see them. Confirm the health questions, the isotretinoin question and the photograph options with the insurer. For genital piercing, check whether the studio's insurer or local authority needs extra wording or records. Confirm the registering council and the number fields required by local byelaws.

Questions? Email thedesk@rebelliousink.tattoo. For anything medical, contact NHS 111 or your GP. In an emergency, call 999.