



BODY PIERCING/DERMAL ANCHOR REGISTRATION AND CONSENT FORM

I,,the undersigned, hereby consent to my treatment of skin penetration of the

Please answer the following questions with a Yes or a No. Where you have answered Yes, please provide further details either in the space provided or on the back of this sheet.

1. Are you allergic to nickel? **(Possible solution: Choose titanium/biologically inert substance)**
2. Are you a diabetic? **(Possible solution: Please manage yourself in this regard)**
3. Are you a haemophiliac bleeder? **(This may affect healing)**
4. Do you suffer from any heart conditions? **(This may affect outcomes)**
5. Do you suffer from low or high blood pressure? **(You may be more prone to fainting)**
6. Have you eaten in the last 4 hours? **(You may be more prone to fainting)**
7. Are you prone to keloid scarring? **(When you take piercing out, a scar may be left)**
8. Are you taking any medication that may affect this piercing or its outcomes?

I acknowledge that Essential Beauty have carried out the treatment of skin penetration listed above at my request. In consideration of this, I agree that Essential Beauty will not be responsible for any damage that is caused to my skin by the procedure and I shall not be entitled to take any action against the company either at Common Law or in Equity in respect of the treatment.

I understand that in respect of the body piercing listed above, the minimum grade jewellery that will be inserted is 316L grade surgical steel. In some cases, people can be allergy prone to surgical steel and in this case, titanium, bioplast or 14-18 karat gold will be used. In a small amount of cases, the body can reject a body piercing altogether regardless of the material inserted. I understand that the home care instructions that have been explained to me must be adhered to in order to promote healing.

I acknowledge that I have been given the opportunity to ask any questions that I have felt necessary and that any questions asked have been answered to my satisfaction. **Genital piercing clients** (nipples included) must be a strict 18 years or above, no exceptions with or without parental consent. This is government legislation.

I am in sound physical health and hereby voluntarily request and consent to the abovementioned treatment.

FULL NAME:ADDRESS:.....

.....POST CODE:.....DATE OF BIRTH:...../...../..... PH: 04.....

EMAIL ADDRESS:.....@.....DATE:...../...../.....

SIGNATURE:.....TYPE ID PROVIDED:.....NO. ON I.D.....

If applicable, I understand that this treatment is being performed by a therapist in training. SIGNATURE:.....

IF CLIENT IS UNDER 16 (18 in Western Australia although 16 years of age is the law if it is any type of ear piercing in WA):

Photo identification has been sighted (or if client is under 16, parent/legal guardian has been conferred with and permission for the body piercing has been given). Please circle **YES** or **NO**.

FULL NAME OF PARENT:TYPE ID PROVIDED:..... NO. ON ID.....

SIGNATURE:.....PHONE NO:.....

Salon use only:

Jewellery type (please circle): Titanium Surgical Steel Bioplast Other.....(please specify)

Jewellery Description: Batch number of tool(s)

AFTER CARE INSTRUCTIONS GIVEN:..... STERILEAR SPRAY RECOMMENDED:..... RETURN APP'T ADVISED:....

STORE ADDRESS.....

STORE PHONE NO: ()..... THERAPIST NAME:.....