



INFORMATION CONSENT

Personal Data

Surname: _____ First name: _____

Address: _____ Place/Postal Code: _____

Date of birth: _____ Age: _____

ID Number: _____

Anamnastic Information:

Are you already pierced? Yes ___ No ___

Did you have any problems with your piercing? Yes ___ No ___

If so, which problems did you have? _____

Are you working in a dirty, dusty or wet environment? Yes ___ No ___

Did you drink alcohol during the last 24 hours? Yes ___ No ___

Do you suffer from skin diseases? Yes ___ No ___

Do you suffer from allergic reactions? (i.e. Plasters, nickel, medicine) Yes ___ No ___

Do you suffer from circulatory problems? Yes ___ No ___

Do you take blood-thinning medicine? Yes ___ No ___

Do you suffer from high or low blood pressure? Yes ___ No ___

Do you suffer from diabetes or haemophilia? Yes ___ No ___

Do you suffer from epileptic or other attacks? Yes ___ No ___

Do you suffer from hepatitis A or B? Yes ___ No ___

Do you suffer from hepatitis C, HIV or TbV? Yes ___ No ___

Do you suffer from sexually transmitted diseases? Yes ___ No ___

Are you pregnant? Yes ___ No ___

Did you take any medicine today? Yes ___ No ___

Do you regularly take any medicine? Yes ___ No ___

Declaration of Agreement of piercing the customer named before:

According to §224 StGB the attachment of a piercing is a bodily harm. Therefore, a declaration of agreement is needed. The legal basis is set by the customer's signature. The person who wants to be pierced allows the piercer to perform the piercing/surgical intervention according to §224 StGB. I have authorised the piercer to attach a piercing or jewelry on the following part of my body:

- I declare that I am of full age or that a parent or legal guardian is present.
- I declare that I was informed about the piercing process itself and the risks and possible complications involved in the piercing process as well as the fact that this can cause pain.
- All my questions were fully answered and I had enough time to make my decision.
- I am aware that complications are possible in spite of all hygienic provisions and I was told about these complications.
- I received a maintenance instruction.
- I am not under the influence of drugs, alcohol or medicine and I am of sound mind, disposing memory and body.
- First of all the healing process is dependent from the own aftercare.

Complications:

Possible complications can be: (Secondary) bleeding, rednesses, circulatory disturbances, allergic reactions, inflammations, necroses, outgrowing, damages of teeth, pyic infections, haematomae, scars, pain.

I was informed about the possible occurrence of complications despite sterile working methods.

Yes _____ Date/Signature of the customer: _____

For underage customers:

With this signature I declare that I am the adult or legal guardian of the formally named person and that I give my consent to the piercing process.

Surname, Name: _____

Address: _____ Place/Postal Code: _____

Tel: _____

Date and signature of the parent or legal guardian: _____

The disclosures are subject to data protection and will remain strictly confidential.