



## 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:

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- 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.