

## CLIENT INFORMATION AND NOTIFICATION FORM

NOTE: THIS IS A SAMPLE OF MINIMUM INFORMATION THAT MUST  
BE RECORDED FOR EVERY BODY PIERCING PERFORMED

Business Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ Phone Number : \_\_\_\_\_

### Client Information

Client Name : \_\_\_\_\_ Date Of Birth : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Type And Location Of Procedure : \_\_\_\_\_

### Client Drug And Alcohol Verification

I hereby certify that I am not under the influence of any drugs or alcohol. Client Initials : \_\_\_\_\_

### Health Risk and Aftercare Notification Verification

I hereby certify that I freely and voluntarily submit myself to this body piercing procedure after receiving both oral and written notification of the health risks associated with this piercing which includes pain, bleeding, swelling, infection, scarring, and nerve damage. I also certify that I have received both oral and written piercing after care instructions.

\_\_\_\_\_  
Signature of the person receiving the piercing

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of guardian if a minor

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

I certify that I have provided the person who's signature appears above with oral and written notification of the health risks associated with the piercing they are about to receive and that I have provided them with both oral and written after care instructions appropriate to the piercing received.

\_\_\_\_\_  
Signature of Piercing Technician

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date