



Client Information

Please complete the following information accurately:

- Full Name:
- Date of Birth:
- Address:
- Phone Number:
- Email Address:

Piercing Details

Please specify the piercing you are requesting:

- Type of Piercing:
- Location of Piercing: 3a, The Triangle, West Hill, Portishead, BS20 6PG
- Jewellery Choice:
- Jewellery Material:

Potential Risks

I understand that all piercings carry potential risks, including but not limited to:

- Infection
- Allergic Reaction
- Scarring
- Rejection
- Migration
- Pain and Discomfort
- Swelling
- Bleeding

I confirm that I have been informed about these risks and have had the opportunity to ask questions.

Consent and Declaration

I, _____ (Client Name), confirm that:

- I am over 16 years of age (or have provided parental consent).
- I am not under the influence of alcohol or drugs.
- I do not have any medical conditions that could affect the healing process (or have informed the piercer).
- I have read and understood the potential risks associated with this piercing.
- I consent to the piercing procedure as described above.
- I consent to Heaven and Hell Piercing Ltd. taking photographs for their records.

Signature: _____

Date: _____

Parental Consent (If Applicable)

I, _____ (Parent/Guardian Name), am the parent or legal guardian of the above-named client and consent to them receiving the piercing described above.

Signature: _____

Date: _____

GP Details (Optional)

- GP Name:
- GP Address:
- GP Phone Number:

Summary

This consent form outlines the necessary information, risks, and consent required for a piercing procedure at Heaven and Hell Piercing Ltd. Clients are required to read and understand the form before signing, ensuring they are fully informed about the process and potential complications.