

DECLARATION OF UNDERSTANDING



You have requested a treatment that involves breakage of the skin surface with a sterile needle, and this process may complicate some medical conditions. Please read the following information carefully, and if any of these conditions apply to you, you **MUST** declare them to the operator on the premises and discuss these matters with them fully.

Skin Conditions

- **Eczema** - This may make a person more prone to skin infections/ irritation.
- **Psoriasis** – Or other chronic skin conditions, excluding acne and disorders of skin pigmentation – same complications as eczema.

Circulatory Disorders

- **Heart disorders** – some heart defects render individuals more prone to serious heart complications from any blood infections
- **High/Low blood pressure** - can cause light headedness and may be linked to other heart circulation disorders
- **Haemophilia and other blood disorders** - may result in poor clotting /healing

Pregnancy

Treatment must not interfere with nursing mothers feeding their child, any risk of infection for the mother is a risk of infection to their child. In pregnancy the immune response may be affected by the pregnancy any infection may infect the unborn child.

Other Medical Conditions

- **Epilepsy** – medication may cause side effects and poor control of the condition may result in fitting during the treatment.
- **Diabetes** – Long term sufferers may have poor circulation problems that can reduce healing properties of the skin, this can result in severe infection.

- **Autoimmune disease or other conditions or treatments causing auto immune deficiency** (e.g. cancer treatments) You are more prone to serious infection. HIV a risk factor for the operator. Medication side effects may affect healing and recovery from treatment.

Allergic Responses

- **Allergies** E.G. nickel allergy may result in a serious skin reaction from small amounts of metals sometimes present in applied products (e.g. jewellery, inks etc)

Other considerations before you undergo treatment

General treatment cannot be undertaken if you are under the influence of drugs or alcohol.

Any other conditions the above list is not exhaustive. If you are suffering from any other medical condition not listed, please inform the operator.

THE OPERATOR IS HEAVEN AND HELL PIERCING LTD

I CAN CONFIRM THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND HAVE DISCUSSED IT WITH MY OPERATOR.

PRINT CLIENT NAME:

SIGNATURE OF CLIENT:

Date:

SIGNATURE OF OPERATOR:

WAS TREATMENT REFUSED BY THE OPERATOR? YES / NO (please circle)

REASONS: