Ancient Esthetics

Basic & Stacked Earlobe Piercing Client Packet

Form 1 - Client Intake, Health History & Informed Consent

Client Name: _____ DOB: _____

Phone: _____

Emergency Contact: _____

Health History - check or mark all that apply:

_____ Metal allergy _____ Latex allergy _____ Diabetes
_____ Bleeding disorder _____ Blood thinner use
_____ History of keloids _____ Immune disorder
_____ History of fainting _____ Pregnancy (optional)
_____ Other: _____

Client/Parent Initials:

_____ I understand this is a cosmetic earlobe piercing.
_____ I understand the risks include pain, bleeding, swelling, infection, allergic reaction, scarring, delayed healing, jewelry migration, or rejection.
_____ I understand no guarantee has been made regarding healing or cosmetic outcome.
_____ I have disclosed all relevant medical information.
_____ I approved the piercing placement before the procedure.
_____ I understand failure to follow aftercare may delay healing or increase complications.
_____ I understand Ancient Esthetics may refuse or discontinue the procedure if it cannot be performed safely.

Client Signature _____ Date _____

Provider Signature _____ Date _____

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Form 2 - Minor Consent, Parent/Guardian Authorization & Photo Release

Minimum Age: 6 months

Minor Name: _____ DOB: _____

Parent/Legal Guardian: _____

Relationship: _____

I certify that:

_____ I am the minor's parent or legal guardian with legal authority to consent.
_____ I presented valid government-issued photo identification.
_____ I presented proof of the child's identity, such as a birth certificate, state ID, passport, or other acceptable documentation.
_____ Any guardianship or custody documents have been provided, if applicable.
_____ I understand I must remain present throughout the procedure.
_____ I received an opportunity to ask questions.

Photography Consent - optional:

YES _____ NO _____

I authorize Ancient Esthetics to photograph the piercing for medical documentation and/or marketing purposes. I understand marketing images will not identify my child by name without additional written permission. If I select no, I understand clinical documentation photographs may still be taken if needed for the treatment record.

Parent/Guardian Signature _____ Date _____

Provider Signature _____ Date _____

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Form 3 - Procedure Record

Date: _____ Time: _____

Jewelry Brand: _____

Material: _____

Gauge: _____

Piercing Location(s):

Left First _____ Left Second _____ Left Third _____ Left Upper _____

Right First _____ Right Second _____ Right Third _____ Right Upper _____

Procedure Checklist:

_____ Consent completed
_____ ID verified
_____ Parent/guardian verified, if applicable
_____ Placement marked and approved
_____ Sterile single-use device verified
_____ Jewelry verified
_____ Aftercare provided and explained
_____ Follow-up recommended in 2-3 weeks

Provider Notes:

_____

_____

_____

Client/Parent Signature _____

Provider Signature _____

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Ear Piercing Aftercare

Congratulations on your new piercing! Proper aftercare is the key to healthy healing.

Clean Twice Daily
- Wash your hands before touching your piercings.
- Clean the front and back of each piercing twice a day using sterile saline solution.
- Gently remove any softened debris with clean gauze if needed.
- Allow the area to air dry or gently pat dry with clean gauze or a paper towel.

Leave the Jewelry In
- Do not remove or change your jewelry during the healing period.
- Avoid twisting, turning, or spinning the jewelry unless specifically instructed.

Keep It Clean
- Avoid touching your piercings except when cleaning them.
- Sleep on the opposite side if possible or use a travel pillow to reduce pressure.
- Keep hair, hats, headphones, and phones as clean as possible and away from the piercing.
- Avoid swimming in pools, hot tubs, lakes, or rivers until the piercing is well healed.

What to Expect
Mild redness, tenderness, slight swelling, and a small amount of clear or pale yellow drainage are normal during the first few weeks.

Seek Medical Care If You Notice
- Increasing redness that spreads.
- Severe swelling or worsening pain.
- Thick yellow or green drainage with a foul odor.
- Fever or chills.

Healing Time
Most earlobe piercings heal in approximately **6-8 weeks**, though some people may take longer.

Follow-Up
Your piercing includes a complimentary follow-up visit. We'll check your healing, answer any questions, and make sure everything is progressing well.