

CONSULTATION

Name:

Postcode:

Email address:

City:

Address 1:

Country (if not Netherlands):

Address 2:

Date of Birth:/...../.....

What do you need a consultation for? (Check when applicable)

- Anatomy check for piercing options (please include clear, well-lit, focussed photos of the piercing/area you would want to get pierced*)
- Question about recently acquired piercing
- Other:

Do you suffer from:

Haemophilia

- Yes
- No

Diabetes

- Yes
- No

Chronic skin disease

- Yes
- No

Immune disorder

- Yes
- No

Contact allergy

- Yes
- No

Heart and vascular abnormalities

- Yes
- No

1. For which piercing do you need a consultation? (Please include clear, focussed, well-lit photos of the area*)
.....

- Plastic (acrylic, bioplast, PTFE)
- Steel

2. Is this about a stretched piercing?

- Yes
- No

7. What size jewellery are you wearing? (If you don't know, answer with a question mark).
.....

3. When have you had the procedure done?
.....

8. When did you start having issues with the piercing at hand?
.....

4. Where/by whom have you had the procedure done?
.....

9. How have you cared for it so far?
.....

5. Which type of jewellery are you wearing in the piercing right now?

- Ring (ball closure ring/segment ring/circular barbell)
- Bar (barbell/labret)
- Bent bar (curved barbell)

10. With which product/material/treatment? (if possible, take a photo of the name and/or ingredients of product(s) used*)
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6. Which material is the jewellery made of?

- Titanium
- I don't know

11. How often have you used this method?
.....

12. Which other measures have you taken to solve the issue?
.....
.....

13. Do you often come in contact with dust and/or dirt?

- Yes
- No

14. Do you exercise, practise sports?

- Yes
- No

If so, which?

.....

15. Do you have allergies? (e.g. pollen, nickel, copper, dogs, cats...)?

- Yes
- No

If so, which?

.....

16. Do you have problems with wound healing?

- Yes
- No

17. Are you expecting/breast feeding?

- Yes
- No

18. Do you suffer from epilepsy?

- Yes
- No

19. Do you take medication?

- Yes
- No

If so, for what ailment?

.....

20. Have you undergone plastic surgery or radiotherapy (radiation)?

- Yes
- No

If so, when?

.....

21. Have you recently been ill/unwell?

- Yes
- No

I hereby declare to have filled the form truthfully and:

I am informed in writing of the fact that, as a result of the procedure of the piercing, infections can be caused by insufficient or incorrect hygiene during and after the treatment, and as a result of metal sensitization.

I currently have no discoloration, swelling, lumps or any other kind of irritation on my body, in addition to any issues for which I request a consultation.

I am informed about the risks of using piercing materials in relation to health problems such as diabetes and haemophilia.

I am not under the influence of alcohol or drugs during the consultation.

I have read this form and am hereby legally bound to it.

I know that the piercer is undertaking an operation on my body that does not take place under medical responsibility. It is therefore not possible to hold the piercer accountable for the procedure or application of this injury.

City:

Date:

Signature (when < 16 yrs. of age, signature of legal guardian):

.....

Name legal guardian:

.....

*** If applicable, be sure to attach the required photos or other.ⁱ**

ⁱ This form will be treated confidentially. Advice obtained after this consultation is not a substitute for medical advice. In doubt go to the doctor. Ask for an explanatory letter from the piercer and keep in touch with both piercer and doctor.