

BODY PIERCING CUSTOMER RECORD

(Please **PRINT** all information **IN INK**)

Use of this form is voluntary and not required by the Department of Health. The form is provided as a service to assist salons in complying with the record-keeping requirements of Chapter 64E-19, FAC.

Name: _____
(Last) (First) (Middle)

Address: _____

City, State, Zip: _____

Telephone Number: _____

Date of Birth: _____ (Race; write out): _____ (Sex): _____

Physician Name: _____

Physician Address: _____

Physician City, State, Zip: _____

Physician Telephone Number: _____

Emergency Contact Name: _____

Emergency Contact Address: _____

Emergency Contact City, State, Zip: _____

Emergency Contact Telephone Number: _____

List any allergies you have, including allergies to medications, and allergies to any topical solutions used by this body piercing establishment: _____

Do you have a history of bleeding disorders? _____

- The establishment must obtain a written notarized consent statement before piercing a minor. If the minor is under the age of 16, the minor also must be accompanied by a parent or legal guardian.
- All customer records must be kept for at least two (2) years.

Customer's Initial Visit: Name: _____

- Date: _____ Body Part Pierced: _____
- Description of Jewelry Used: _____
- Description of any Complications during Piercing Procedure: _____

- Prior to my piercing, I received verbal and written information about the following and discussed it with my piercer or the establishment operator: 1) A brief description of my piercing procedure; 2) Any precautions for me to take before my piercing; 3) A description of the risks and possible consequences of body piercing services; 4) Instructions for care and restrictions following my piercing; and 5) Restrictions against piercing of minors.

(Customer Signature) (Date) (Piercer/Operator Signature) (Date)

• _____
(Printed Name of Piercer) (Piercer Signature)

Customer's Second Visit: Name: _____

- Date: _____ Body Part Pierced: _____
- Description of Jewelry Used: _____
- Description of any Complications during Piercing Procedure: _____

- Prior to my piercing, I received verbal and written information about the following and discussed it with my piercer or the establishment operator: 1) A brief description of my piercing procedure; 2) Any precautions for me to take before my piercing; 3) A description of the risks and possible consequences of body piercing services; 4) Instructions for care and restrictions following my piercing; and 5) Restrictions against piercing of minors.

(Customer Signature) (Date) (Piercer/Operator Signature) (Date)

• _____
(Printed Name of Piercer) (Piercer Signature)

Customer's Third Visit: Name: _____

- Date: _____ Body Part Pierced: _____
- Description of Jewelry Used: _____
- Description of any Complications during Piercing Procedure: _____

- Prior to my piercing, I received verbal and written information about the following and discussed it with my piercer or the establishment operator: 1) A brief description of my piercing procedure; 2) Any precautions for me to take before my piercing; 3) A description of the risks and possible consequences of body piercing services; 4) Instructions for care and restrictions following my piercing; and 5) Restrictions against piercing of minors.

(Customer Signature) (Date) (Piercer/Operator Signature) (Date)

- _____
(Printed Name of Piercer) (Piercer Signature)

Customer's Fourth Visit: Name: _____

- Date: _____ Body Part Pierced: _____
- Description of Jewelry Used: _____
- Description of any Complications during Piercing Procedure: _____

- Prior to my piercing, I received verbal and written information about the following and discussed it with my piercer or the establishment operator: 1) A brief description of my piercing procedure; 2) Any precautions for me to take before my piercing; 3) A description of the risks and possible consequences of body piercing services; 4) Instructions for care and restrictions following my piercing; and 5) Restrictions against piercing of minors.

(Customer Signature) (Date) (Piercer/Operator Signature) (Date)

- _____
(Printed Name of Piercer) (Piercer Signature)