



Consent form & treatment record – Piercing

Spicy Collective AB (Södertälje Piercing) · Reg. no. 559368-0183 · Nedre Torekällgatan 5, 151 72 Södertälje · 070-750 42 08 · info@spicycollective.se

No.

Date

1 · Client details

First and last name Date of birth

Street address Postcode, city

Phone Email

☐ Valid photo ID checked by the studio (age + identity) Type: ☐ ID card ☐ Passport ☐ Driving licence checked by

Data minimisation: no copy of the ID and no ID number is stored.

2 · Health questions

* Are you currently under the influence of alcohol, drugs or impairing medication (last 24 h)? ☐ Yes ☐ No

* Do you take blood thinners (e.g. aspirin, warfarin) or have a bleeding disorder? ☐ Yes ☐ No

Diabetes? ☐ Yes ☐ No

Heart or circulatory disease, epilepsy or tendency to faint? ☐ Yes ☐ No

Allergies (e.g. latex, nickel/metals, pigments, disinfectants, plasters, local anaesthetics)? ☐ Yes ☐ No

For oral piercings: braces, dentures or gum problems? ☐ Yes ☐ No

* Skin condition at the site (eczema, psoriasis, inflammation, mole, fresh scar, sunburn)? ☐ Yes ☐ No

Tendency to keloids or poor wound healing? ☐ Yes ☐ No

Weakened immune system (e.g. immunotherapy, chemotherapy, cortisone) or a known transmissible infectious disease? ☐ Yes ☐ No

* Pregnant or breastfeeding? ☐ Yes ☐ No

Medication / allergies / other (please specify):

* If “yes”, we do not carry out the procedure, or only after discussion or medical clearance. We do not pierce during pregnancy or breastfeeding. We refuse any procedure under the influence of alcohol or drugs.

3 · Information about risks

Even with the most careful, hygienic work a residual risk remains. I have been informed in particular about:

- Infections and inflammation
- Allergic reactions to the material, also years later
- Scarring and keloids
- Swelling, bleeding, pain, circulatory reactions
- Rejection or migration of the jewellery, snagging
- Cartilage damage (ear/nose), nerve injury
- For oral piercings: damage to teeth and gums, speech impairment
- Permanent holes/scars even after removing the jewellery



4 · Consent

- ☐ I am of legal age (or the guardian declaration in section 5 is completed) and able to understand the consequences of the procedure.
- ☐ My health information is complete and true. I will report any changes before the procedure.
- ☐ I was informed orally and in writing about the procedure, risks and aftercare, could ask questions and received the aftercare guide (flyer/PDF).
- ☐ The type and placement of the piercing and the starter jewellery (material, closure, size) were discussed with me and chosen by me (section 6).
- ☐ I understand that the starter jewellery is deliberately a little longer and should be swapped for a shorter bar once the swelling has gone down (downsize).
- ☐ I consent to the procedure described. There is no entitlement to a specific healing result; statutory claims, in particular for injury to life, body or health, remain unaffected.

Place, date

Client signature



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5 · Minors only: consent of the legal guardian(s)

Studio age limits: from 6 earlobes · from 15 ear cartilage, nostril, septum, eyebrow, lip, navel · from 16 tongue · from 18 nipples, genital, surface piercing, microdermal. Under 18: a guardian is present and approves, both show valid ID; written permission alone or approval by phone is not accepted.

Guardian's name _____

Relationship to the minor _____

Phone _____

ID checked (type) / by _____

- ☐ I am the legal guardian and was present during the information talk and the procedure. I have read sections 2–4 and consent to the procedure for my child.
- ☐ I confirm that I have sole custody or am acting in agreement with the other legal guardian.
- ☐ I take responsibility for ensuring my child follows the aftercare guide.

Guardian's signature

Signature of 2nd guardian (if present)

Data protection & photos

Controller: Spicy Collective AB, reg. no. 559368-0183, Rönnevägen 15a, 153 36 Järna, Sweden, info@spicycollective.se. We process your details to carry out the service (Art. 6(1)(b) GDPR), to document the information and consent given and to trace the materials used in case of later reactions (Art. 6(1)(f) GDPR). We process your health information only with your explicit consent (Art. 9(2)(a) GDPR), which you give by signing; without it we cannot carry out the procedure safely. The records are kept on paper under lock, not passed on, and destroyed 10 years after the procedure. You have the right to access, rectification, erasure (unless retention reasons apply), restriction and objection, and to complain to the Swedish Authority for Privacy Protection (IMY). Details: spicycollective.se/en/privacy/

- ☐ Photos of my tattoo/piercing may be published without my face / unrecognisably on the studio's website and social media (voluntary, can be withdrawn at any time for the future).
- ☐ ... also with my face recognisable.

Client signature (data protection/photos)





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No.
Date

Piercer carrying out the piercing

First and last name (block letters) Date / time of the procedure
The person named carries out the procedure and is responsible for the information given, hygiene and this record.

6 · Piercing & jewellery (completed by the studio, agreed with the client)

Type of piercing:

☐ Lobe ☐ Helix ☐ Forward helix ☐ Conch ☐ Flat ☐ Tragus ☐ Industrial ☐ Rook ☐ Daith ☐ Nose ☐ Septum
☐ Lip ☐ Tongue ☐ Eyebrow ☐ Navel ☐ Dermal ☐ Nipple ☐ Genital ☐ Other:

Side / position: ☐ left ☐ right ☐ centre Quantity:

Jewellery	Details		
Jewellery type	☐ Labret ☐ Barbell ☐ Curved barbell ☐ Ring ☐ Circular ☐ Nostril ☐		
Material	☐ Implant-grade titanium ASTM F136 ☐ 14K gold ☐ 18K gold ☐ ☐ Material certificate on file		
Closure	☐ Push-pin (threadless) ☐ Internal thread ☐ Captive ring		
Gauge / length / Ø (mm)		Top / stone	
Manufacturer / item		Batch no. (LOT)	
Jewellery sterilisation	☐ autoclave-sterilised – cycle no. on ☐ sterile-packed by manufacturer (LOT/expiry)		

Material	Manufacturer / size	Batch no. (LOT)	Use by
Piercing needle (sterile, single-use)			
Skin marker (sterile, single-use)			
Skin/mucosa disinfectant			
Autoclave cycle instruments (no. / date)			

Recommended downsize date Check-up
☐ Aftercare guide handed over ☐ Jewellery and placement confirmed with client (mirror)

Piercer's signature _____

Client: placement and jewellery as agreed _____