

Ear Piercing Consent Form

Patient name:

Purpose of the procedure

Ear piercing is an elective cosmetic procedure performed to create an opening in the earlobe or ear cartilage for jewellery. The aim is to place the piercing in the agreed position as safely as possible, but exact symmetry and healing outcome cannot be guaranteed.

Description of the procedure

The ear is cleaned, the position is marked, the piercing is performed using appropriate sterile or single-use equipment, and jewellery is inserted. Aftercare advice is provided after the procedure.

Benefits

- Cosmetic appearance and ability to wear ear jewellery.
- Piercing performed in a clinical setting with attention to hygiene and safety.

Risks and possible complications

Complications of ear piercing are usually minor but can occur. Known or potential risks, side effects, and material complications include:

- Pain, bleeding, bruising, redness, swelling, or tenderness.
- Infection, which may require treatment.
- Delayed healing.
- Allergy or irritation, including metal sensitivity.
- Embedded jewellery or traumatic tearing.
- Scarring, including hypertrophic scar or keloid formation.
- Unsatisfactory cosmetic result, including uneven placement or asymmetry.
- Cartilage piercing may have a higher risk of significant infection, prolonged healing, deformity, and more intensive treatment.
- Dizziness, fainting, or feeling unwell during or after the procedure.

If there is a history of allergy, keloid scarring, poor wound healing, diabetes, immune suppression, bleeding tendency, or other relevant medical issues, the risk of complications may be increased.

Aftercare

Proper aftercare is important to reduce the risk of complications. I understand I should follow the aftercare advice provided and seek medical review if I develop increasing pain, redness, swelling, discharge, fever, embedded jewellery, or any other concerning symptom.

Alternatives

Reasonable alternatives may include:

- Choosing not to proceed.
- Deferring the procedure until a later date.

Ear Piercing Consent Form

Patient declaration and consent

By signing below, I confirm that:

- I have had the ear piercing procedure explained to me.
- I have had the opportunity to ask questions and have received answers that I understand.
- I have disclosed relevant medical conditions, medicines, allergies, and previous problems with piercing, healing, or scarring.
- I understand the expected benefits, possible risks, and reasonable alternatives.
- I understand that no guarantee has been made about the final cosmetic or healing outcome.
- I consent to 1 Health performing ear piercing at the site discussed with me.

Ear/site to be treated: Left earlobe / Right earlobe / Left cartilage / Right cartilage / Other:

I understand what ear piercing involves, the expected benefits, the alternatives, and the possible risks and complications, including pain, bleeding, infection, allergy, scarring, asymmetry, delayed healing, and the possible need for further treatment.

Patient name (print): _____

Patient signature: _____

Date: ____ / ____ / _____

If signed by parent / guardian / authorised representative:

Name: _____

Relationship: _____

Signature: _____

Date: ____ / ____ / _____