

Personal Service Settings Client Record Form for Invasive Procedures

Business Name and Address: _____

Each column must be completed							
Date and Time of Service	Full Name of Client and Address (First and Last Name)	Telephone number of Client	Service(s) Provided and Location on Body	Name of Service Provider	Lot number and Expiry Date of Prepackaged Sterile Items Used on Client	Invasive Procedure and Risks Explained to Client (Yes or No)	Verbal and Written Aftercare Instructions Provided to Client (Yes or No)
Example: February 23, 2024 2:00pm to 4:00pm	Example: Mary Smith 123 Root St, Whitby, ON	Example: 999-999-9999	Example: Belly button piercing	Example: Sara Joe, Piercer	Example: ABC Piercing Brand, lot number 52, Expires 08 2026	Example: Yes	Example: Yes



Durham Health Connection Line
905-668-2020 or 1-800-841-2729
durham.ca/KnowBeforeYouGo



Source: Guide to Infection Prevention and Control in Personal Service Settings, Public Health Ontario.

This information is available in accessible format, contact 1-800-841-2729.