

# SPRAY TANNING

## CLIENT CONSULTATION FORM

Appointment Day & Time:

Please fill out this form on your first appointment.  
Your answers will better help us to meet your needs and ensure that you have a happy and satisfying experience.

DD	MM	YY	HH:MM
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Full Name

Address

Zip / Postal Code

State / Province

City



Male



Female

Phone

Emergency Contact Phone

Email

Yes

No

(Your email address will be used for appointment confirmations, and quarterly newsletters)  
If you would like to subscribe to our newsletter and promotions please tick YES or tick NO

Have you ever been professionally sprayed with a spray tanning solution?  Yes  No  
If yes, please select

Sienna X

Fake Bake

St Tropez

Other

Do you have allergies related to Dihydroxyacetone (DHA)?  Yes  No

Do you have any respiratory illness that may be of concern?  Yes  No

Did you exfoliate your skin before your visit?  Yes  No

Do you have any lotions/creams, make up or deodorant on now?  Yes  No

Do you have any skin conditions that may be of concern?  
If yes, please describe

Have you ever had any skin reactions from a self-tanner?  
If yes, please describe

### Contraindications:

- Cuts/Abrasions
- Breastfeeding
- Pregnancy
- Recent Body Piercings or Tattoos
- Pigmentation Disorders
- Pigmentation Patches  
*(clients discretion)*
- Respiratory problems
- Recent Cosmetic Procedures
- Botox, Fillers
- Chemotherapy
- Radiotherapy
- Acne
- Vitiligo
- Skin disorders  
*(Eczema, Dermatitis, Psoriasis)*
- Recent Heat treatment  
*(Waxing, Electrolysis, Sauna, Steam room)*

How do you find your skin?

- Normal
- Dry
- Oily
- Combination
- Sensitive/Breakout
- Acne
- Very sensitive
- Mature

Have you had and waxing or shaved within the last 24 hours as this may affect your tan?

Yes  No

Do you wear contact lenses?

contact lenses should be removed before spraying

Yes  No

Are you currently breastfeeding or pregnant?

Yes  No

Are you over the age of 18?

Yes  No

Within the last year, have you been under a dermatologist or other physician's care?

Yes  No

When exposed to sun?

Please circle below:

Always burn never tan

Burn but still can achieve a tan

Tan easily & rarely burn

Do you have any skin conditions that may be of concern?

If yes, please describe

Yes  No

Have you recently received any of the following treatment?

If yes please specify the date you received your last treatment

Microdermabrasion

Chemical Peel

Micro Needling

Facial Waxing

Laser resurfacing

I acknowledge that side effects can occur and I fully accept the risk. I understand that my Technician, will take every precaution to minimize or eliminate negative reactions as much as possible. I will consult my Technician first should I have any complications after receiving my treatment. I have been given the opportunity to ask questions and any questions have been answered to my satisfaction.

I have read the information and recorded my medical history accurately with all pertinent information. For future services, I agree to inform my technician of any changes in my medical status and/or the above information. I understand Spray Tan services are not to be considered medical treatment, and as such, the technician cannot prescribe treatment of pharmaceuticals.

I agree that my Technician may determine that it is unsafe to continue a session due to health related concerns. In this event you may be required to provide a medical release form from your physician prior to continuing treatment.

I confirm that the information given above is correct, and that to my knowledge, I have not withheld any information that may be deemed relevant to the treatment I am receiving. I acknowledge that there are potential risks and complications to receiving any procedure, and I take responsibility for any side effects should they occur. I understand that I am doing this spray tan treatment at my own risk as I have read all of the instructions about my Spray Tan Treatment and understand completely.

**I certify that I have read and fully understand the above paragraphs, that I have had sufficient opportunity for discussion and to ask questions, and that I hereby consent to the procedure described above.**

Client (Printed Name)

Parent or guardian (if under 18 years of age)

Name & Signature

Client Signature

Date

Technician Name

Technician Signature

Date

For Technician use only