

Spray Tan Consultation form

Name:

Date of Birth:

Address:

Postcode:

Phone Number:

E-Mail:

Please tick any of the below that may apply to you:

Open wounds	()	Pregnancy	()	Allergies	()
Asthma	()	Verruca's	()	Eczema	()
Epilepsy	()	Cold Sores	()	Rashes	()
Psoriasis	()	Sunburn	()	Recent Scars	()
Conjunctivitis	()	Impetigo	()	Ringworm	()
Burns	()				

Doctor's permission must be sought before treatment if you have ticked any of the above boxes

Are you on any medication taken orally or applied topically? If yes, please provide Details

Have you had a recent Skin peel, Microdermabrasion or are you using Glycolic based skincare? Or have you had any recent filler injections?

What Kind of Tan / Colour would you like to achieve?

Have you used self tanning products before? If yes what was the outcome and were you happy?

Client Disclaimer: I fully understand the process of application. I have been advised of all pre-spray tan and after care procedures and all my questions have been answered in full. I hereby authorise the spray tan therapist to give me recommended applications. I also understand that I must follow the after-care advice given to me ensure the best out of my tan. I will also inform the therapist if any of the above changes prior to subsequent treatments

Clients Signature: _____ Date _____

Print Name: _____

Date	Treatment Details	Client / Therapist Signature
	Please sign here to confirm the details overleaf are correct and that no changes have taken place since you last treatment.	
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