



# CLIENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sex: \_\_\_\_\_ Age (required for service): \_\_\_\_\_



How did you hear about us? (check all that apply)

Referral

Advertisement

Web

Other



Did you exfoliate 12-18 hours prior to your appointment?

No

Yes

Did you shower in the past 4 hours?

No

Yes

Are there any products (makeup, oils, etc.) on your skin?

No

Yes

Do you plan on spending time in the water?

No

Yes

Do you plan on exercising in the next 24-48 hours?

No

Yes

Are you over the age of 18?

No

Yes

Do you have any allergies?

No

Yes

(If yes, please explain) \_\_\_\_\_

Are you currently breastfeeding or pregnant?

No

Yes

(If yes/maybe do not spray tan)

Do you or have you ever had any skin conditions or diseases?

No

Yes

(If yes, please explain) \_\_\_\_\_

Do you have any other health concerns?

No

Yes

(If yes, please explain) \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_