

# SPRAY TANNING CLIENT INFORMATION FORM

## Client Information (Please Print)

Full Name

Address

City

State/Zip

Phone

Instagram

Email

Appointment Date/Time

Get your  
*Glow*  
on!

Current Skin Conditions:  Sensitive  Acne Prone  Dry  Oily

Did you exfoliate 12 - 18 hours prior to today's appointment:  Yes  No

When did you last shower?  2-4 Hours  4-6 Hours  8+ Hours

Are there any products (moisturizers, soap, makeup, oils etc) currently on your skin?  Yes  No

Skin Type:  I  II  III  IV

Skin Tone:  Warm  Neutral  Cool

Are you currently breastfeeding or pregnant?  No  Yes/Maybe (Do NOT spray tan for safety)

Do you plan on spending time in the water?  Yes  No

Do you plan on exercising in the next 24 - 48 hours?  Yes  No

Do you or have you ever had any skin conditions or diseases?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have any other health concerns?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please list: \_\_\_\_\_

Are you over the age of 18?  Yes  No

Do you currently tan in a tanning bed?  Yes  No

Have you every had a sunless tan before?  Yes  No (If yes, please answer following \*questions):

\*What form of sunless applicator did you receive?  Booth  Custom Spray Technician  Self

\*What color was your sunless tan after showering?  Yellow  Orange  Red  Brown

\*How long did your previous tan last?  2-4 Days  5-7 Days  7+Days

\*Do you currently use a tan extend moisturizer?  Yes  No

\*When was your last sunless tan?  Within a week  1+ Week  2+Weeks