



# 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: \_\_\_\_\_