



## NEW CLIENT FORM

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

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

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

How did you hear about us? \_\_\_\_\_

Did you exfoliate prior to your appointment?  Yes  No

Are there any products on your skin (makeup, lotion, etc.)?  Yes  No

Do you plan on exercising in the next 24h?  Yes  No

Have you ever had any skin conditions or diseases?  Yes  No

Have you ever been spray tanned before?  Yes  No

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_