

Client Intake Form

APPOINTMENT DATE

APPOINTMENT TIME

FULL NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL

HOW HAS YOUR SKIN BEEN LATELY?

SENSITIVE

ACNE PRONE

DRY

OILY

DID YOU EXFOLIATE AT LEAST FOUR HOURS AGO?

YES

NO

WHEN WAS YOUR LAST SHOWER?

1-4 HOURS

5-8 HOURS

9+ HOURS

ARE THERE ANY PRODUCTS CURRENTLY ON YOUR SKIN?

YES

NO

Natural Glow Spray Tans

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DO YOU TEND TO BURN OR TAN WHEN EXPOSED TO THE SUN?

BURN

TAN

BOTH

ARE YOU CURRENTLY BREASTFEEDING OR PREGNANT?

YES

NO

MAYBE

DO YOU PLAN ON SPENDING TIME IN THE WATER WITH YOUR TAN?

YES

NO

DO YOU PLAN ON EXERCISING IN THE NEXT 24-48 HOURS?

YES

NO

DO YOU / HAVE YOU EVER HAD ANY SKIN CONDITIONS OR DISEASES?

YES

NO

IF YES, PLEASE EXPLAIN:

ANY OTHER HEALTH CONCERNS WE SHOULD BE AWARE OF?

YES

NO

IF YES, PLEASE EXPLAIN:

Natural Glow Spray Tans

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HAVE YOU EVER HAD A SUNLESS TAN BEFORE?

YES

NO

WHAT FORM OF SUNLESS APPLICATION HAVE YOU RECEIVED?

BOOTH

MANUAL

AIRBRUSH

SELF

WHAT TONE IS GENERALLY PRESENT AFTER SUNLESS TANNING?

YELLOW

ORANGE

RED

BROWN

GREY

HOW LONG DO YOUR SUNLESS TANS TYPICALLY LAST?

2-4 DAYS

5-7 DAYS

8-12 DAYS

ARE YOU CURRENTLY USING A DAILY BODY MOISTURIZER?

YES

NO

DO YOU CURRENTLY TAN IN A TANNING BED?

YES

NO

I HAVE READ AND COMPLETELY UNDERSTAND THE CONDITIONS OF THIS INFORMATION FORM.

CLIENT SIGNATURE: _____

CLIENT NAME (PRINTED): _____

DATE: _____

IF CLIENT IS UNDER THE AGE OF 18, PARENT/GUARDIAN SIGNATURE IS REQUIRED FOR SERVICES.

PARENT SIGNATURE: _____

PARENT NAME (PRINTED): _____

DATE: _____

Natural Glow Spray Tans