

Client Information

First and Last Name: _____

Address: _____

Email: _____

Phone Number: (____) _____ - _____

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, soaps, 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: _____

Have you ever had a sunless tan before? Yes No

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

Do you have any allergies? Yes No

Are you over the age of 18? Yes No

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

Do you currently tan in a tanning bed? Yes No

Please be sure to use the proper eye, nose and mouth protection.

Initial _____ Date _____