

BronzeMe

SPRAY TANNING

Consultation Form

Name: _____

Date of birth: _____

Gender: _____

Please tick any of the below that apply to you

- | | | | |
|---|------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Open wounds | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Verruca | <input type="checkbox"/> Eczema | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Cold sores |
| <input type="checkbox"/> Rashes | <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Sunburn | <input type="checkbox"/> Recent scars |
| <input type="checkbox"/> Conjunctivitis | <input type="checkbox"/> Impetigo | <input type="checkbox"/> Ringworm | <input type="checkbox"/> Burns |

If you have ticked any of the above, please give more details here:

Have you had a recent skin peel, microdermabrasion, fillers or are you using glycolic based skincare?

- Yes No

Client Disclaimer: I fully understand the process of application. I have been advised of all pre-spray tan and after care procedures and all my questions have been answered in full. I hereby authorise the spray tan therapist to give me recommended applications. I also understand that I must follow the aftercare advice given to me to ensure I get the best out of my tan. I will also inform the therapist if any of the above changes prior to subsequent treatments.

Client Signature* _____

Date _____

Parent/Guardian Signature if under 16 years old* _____

*If I complete this form electronically, I accept that by entering my name as my 'signature' above, it is the same as signing this form in person.