

Client Profile

To help us understand your needs, respect your health needs and give you our upmost professional service and advice, we invite you to complete the following confidential client profile.

Name: _____ **Birthday:** _____

Address: _____

_____ **Postcode:** _____

Telephone: _____ **Mobile:** _____

Email: _____

Please tick the appropriate box:

Have you used a self tanning product before? Yes No
Did you have an allergic reaction? Yes No
If Yes please explain: _____

Have you used a solarium before? Yes No
If Yes, please give details. Eg. How often, How many years, have you used a tan accelerator:

Please tick and explain the details relevant to you:

Allergies Asthma Skin Cancer
 Hormone replacement therapy Liver Problems Skin Conditions
 Plastic Surgery Pregnant/Breastfeeding Medication
 Medical Skin creams Vitamins
Explanation: _____

Please write anything else you feel we should be aware of in order to be able to provide service to you

Client Disclaimer: I fully understand the process of application. I have been advised of all pre spray tan, after spray tan care procedures and all my questions have been answered in full. I hereby authorise the spray tan therapist to give me recommended applications. I the undersigned have given the information detailed in this document to be true.

Signature _____ **Date** _____

Print Name _____

Thank you for taking the time to complete this form. If any of the above information changes, please inform us immediately.