

# Client Health History: Spray Tanning



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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How should we contact you? (check one) Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

When is the best time to contact you? (check one) \_\_ Morning \_\_ Daytime \_\_ Evening

How did you hear of us? \_\_\_\_\_ Emergency contact name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

## **Health History**

Please list any allergies you have (including cosmetics/ingredients): \_\_\_\_\_

Please list all current medications you are taking (including oral and topical prescriptions, over-the-counter herbs, vitamins and supplements): )

**These questions are relevant to your skin health and may be contraindications for treatment. Please answer thoroughly.**

Question	Y	N	Details <i>If applicable</i>	Adverse Reactions? <i>If applicable</i>
(Woman) Are you pregnant or nursing?				
Do you wear contacts or glasses?				
Have you received a spray tan before?				
Have you applied a self tanner before?				
Do you have any respiratory illnesses?				
Are you under a doctor's care?				
Do you have any skin conditions or dry spots?				
Has your skin been exfoliated prior to your appointment?				
Is your skin free of lotion, deodorant, perfume and other products?				

Any other health condition not listed: \_\_\_\_\_

Is there anything else we should know about? \_\_\_\_\_