



Milliner & Joseph

The Luxury Aesthetics & Fashion Brand

## SPRAY TAN CONSULTATION & CONSENT FORM

### PERSONAL INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_\_ Date of Consult: \_\_\_/\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender:  M  F  O

How did you hear about us?  Facebook  Instagram  Other \_\_\_\_\_

### HEALTH INFORMATION

Are you currently taking any medications?  Yes  No

Do you have any allergies?  Yes  No

Have you ever used a self-tanner or had a professional tan applied?  Yes  No

Have you ever had any skin reactions from a self-tanner/professional tan?  Yes  No

Do you have any skin conditions that may be of concern?  Yes  No

Do you have any respiratory problems / asthma that may be of concern?  Yes  No

Do you wear contact lenses?  Yes  No

Are you (or possibly may be) pregnant?  Yes  No

### SKIN INFORMATION

How do you usually react to the sun?

Always burn & never tan  Burn but can still achieve a tan  Tans easily & rarely burn

How often do you use a moisturizer on your body?

More than once a day  Once a day  Few times a week

Once a week  Once every two weeks  Never

What skin type do you have?

Normal  Dry  Oily

Combination  Acne Prone  Sensitive

What is your skin tone? (Your skin tone is the natural color of your complexion. To determine yours, focus on the area of your face near the jawline.):

Fair  Light  Medium  Deep



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Did you exfoliate your skin before this visit?  Yes  No

Do you currently have any lotions or creams on?  Yes  No

What is your skin's undertone? (*Take a look at the inside of your wrist. If your veins are blue, you are a "cool" undertone. If you see mostly green, select "warm". If you see both blue and green, select "neutral".*):

Cool  Warm  Neutral

Any additional notes/comments:

### CONSENT INFORMATION

*Please check the box next to each statement below*

<input type="checkbox"/>	I understand that I am responsible for all jewelry, clothing, and accessories I wear before and after my airbrush tanning application.
<input type="checkbox"/>	I understand and do not hold anyone but myself responsible for any of these items.
<input type="checkbox"/>	I assume all responsibility for any kind of allergic reaction I might have to this formula.
<input type="checkbox"/>	I understand that I am doing this sunless tanning procedure at my own risk.
<input type="checkbox"/>	I have read and understand all of the information above.
<input type="checkbox"/>	All the information I have provided is true and correct to the best of my knowledge.

**BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT AND ALL THE INFORMATION DETAILED ABOVE**

CLIENT

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SPRAY TAN TECHNICIAN

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_