



SKIN CARE THERAPY

(315)416-1286

Spray Tanning Client Intake

Name _____	DOB _____
Address _____	
City _____	State _____ Zip _____
Occupation _____	
Email address _____	
Cell Phone number _____	Home/Other Number _____
Would you like to receive appointment reminders via text/email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Name/Number _____	

Have you ever received a Spray Tan before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Skin Type? <input type="checkbox"/> Fair <input type="checkbox"/> Medium <input type="checkbox"/> Dark
Any Allergies? _____	
Current Medications: _____	
Any Skin Problems or Concerns? _____	

For pregnant or nursing mothers: By signing below, I agree that I have consulted and received permission from my physician to receive an airbrush Spray Tan.

Minors under the age of 18 must have written parental consent in order to receive Airbrush Tanning.

I understand that the development and lifetime of my Airbrush Tan is largely dependent on my compliance to the suggested preparations and post-tan aftercare tips, and have had an opportunity to ask my technician any questions that I may have. I understand that SonaBella is not responsible for any adverse reactions (blotchiness, streaking, etc.) or premature fading if I do not follow these recommendations.

Signature: _____ Date: _____

Technician: _____ Date: _____