

Client Health History: Spray Tanning



Name: _____ DOB: _____

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? _____

Informed Consent: Spray Tanning



Although every precaution will be taken to ensure your safety and wellbeing before, during and after your spray tanning treatment, please be aware of the following information and possible risks. Please initial:

- ___ I understand there are certain conditions that may be aggravated by receiving spray tanning treatments, including allergies, asthma, open wounds, pregnancy, and respiratory conditions, and I must consult a physician for permission before being spray tanned.
- ___ I understand that reactions are rare, but may include possible allergic reactions including itchiness, redness, rash, coughing, dizziness, fainting and/or other irritations.
- ___ I understand that spray tanning is accomplished by the application of a solution containing Dihydroxyacetone (DHA) which has been approved by the FDA for external use only.
- ___ I understand that it is my right to request nose plugs, protective eyewear and occlusive lip balm to protect my mucus membranes from DHA exposure before my treatment, per recommendations made by the FDA.
- ___ I understand that a chemical in tanning sprays may pose risks; the safety of its uses as a spray has not been investigated in studies on people, and the amount of risk is inconclusive.
- ___ I understand that the spray tan does not contain a sunscreen and does not protect against sunburn.
- ___ I understand it takes 4-6 hours for the spray tanning solution (containing DHA) to react with the amino acids on the skin's surface, and showering and sweating are not recommended during that time.
- ___ I understand that the spray tan solution can stain clothing. Dark-colored clothing is recommended.
- ___ I understand the spray tan will last approximately 5-7 days, depending on my skin cell turnover rate and the condition of my skin before and after the spray tan treatment.
- ___ I understand that while the goal of this treatment is to give the skin an overall bronzed look, no specific guarantees of the result can or have been made.
- ___ I understand that if I am under the age of 18, I must wear undergarments during the treatment.
- ___ I understand that it is imperative to my health that I disclose all of the information requested in the Client Profile/Health History.
- ___ I have cited all conditions and circumstances regarding my health history, medications being taken, and any past reactions to products or medications.
- ___ I understand that additional conditions could occur or be discovered during the procedure which could affect my ability to tolerate the procedure.
- ___ I consent to "before and after" photographs for the purpose of documentation, potential advertising and promotional purposes.
- ___ I opt out of wearing eye protection
- ___ I opt out of wearing nose protection
- ___ I opt out of wearing lip protection

Informed Consent—Spray Tanning continued

I understand that if I have any concerns, I will address these with my skin care specialist. I give permission to my skin care specialist to perform the spray tanning procedure we have discussed, and will hold him/her and his/her staff harmless and nameless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, conditions, or products I am currently ingesting or using topically. I understand my skin care specialist will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the skin care specialist immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the skin care specialist, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed today.

Client Name (Printed) _____

Client Name (Signature) _____ Date: _____

Skin Care specialist Alisa Cox _____

Parent or Guardian Consent (Required for Minors): I GIVE MY PERMISSION as parent () or guardian () of _____ for this sunless spray tan application. I have read and fully understand and accept this Informed Consent/Release of Liability Form and agree to accept all of the provisions and certify that the information collected is true.

Printed Name: _____ Signature: _____

Date: _____

Client Consent—Spray Tan Application



I hereby consent to and authorize Alisa Cox to perform a spray tan application.

The nature and purpose of the products to be used in this service has been explained to me, along with the risks and hazards involved.

Although it is impossible to list every potential risk and complication, I have been informed of possible risks and complications. I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I have read and fully understand this agreement and all information detailed above. I understand the service and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care service, which may be affected by the treatment performed today.

Client Name (printed) _____

Client Name (signature) _____ Date _____

Esthetician _____ Date _____