



CLIENT CONSULTATION FORM

Name _____

Email _____

Phone: _____

How do you prefer we contact you?

Phone	Text	WhatsApp	Email
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How did you hear about BronzeFX?

Referral	Google	Facebook	Instagram	Yelp	Other
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If referred by someone, who? (We would love to thank them!)

Female _____ *Male _____

**All men MUST wear briefs or boxers. Please initial that you agree to these terms.*

What skin type do you have?

1. Always burn, rarely tans
2. Burns easy, achieves light tan
3. Can burn, medium tan
4. Burns a little, tans well
5. Rarely burns, tans deeply

Have you ever been professionally sprayed with a sunless tanning solution? _____

Have you ever used a self-tanner with a bronzer?

List products:

Have you ever had any skin reactions from a self-tanner?

Please describe:

Are you allergic to any cosmetic ingredients or nuts? Do you have any other allergies we should be aware of? All ingredients used in this spray tan are intended for cosmetic use and are generally regarded as safe. If you have ANY known allergies, please ask for an ingredient list.

Do you have any skin conditions that may be of concern?

List:

Do you have any respiratory illness that may be of concern? (we always recommend asking your doctor before getting a spray tan)

List:

Do you wear contact lenses? Y N

(contact lenses should be removed before spraying)

Are you pregnant? Y N

(we always recommend asking your doctor before being sprayed)

Client Signature + Date