

Abrams Dermatology



Air Brush Tanning

Client Profile Sheet

Name: _____ Local Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Gender: Female Male *Skin Type: _____

Select current or previous tanning methods:

* Refer to the Pre-Tanning Information Sheet for help in determining your skin type

Sun bathing Sunless Lotions Tanning Bed Tanning Pills Air Brush

With which method did you get the best results? _____

Did you ever have an adverse reaction to any of these methods? Yes No

If yes, list reaction here; _____

Please list any health issues that may interfere with your tanning session;

Are you allergic to DHA (Dihydroxyacetone)? Yes No Unkown

Would you like to have a patch test prior to your session? Yes No

Are you allergic to latex or ammonia? Yes No

Are you pregnant? Yes No

Are you using any topical medications for your skin? Yes No If yes, please list;

Emergency Contact Person: _____ Phone: _____

I have read the Pre-Tanning Information Sheet and understand the necessary sun precautions.

Client Signature: _____ Date: _____