

## Consultation Form: Spray Tanning

NAME:	
ADDRESS:	
TELEPHONE NUMBER:	EMAIL ADDRESS:
DATE OF BIRTH:	OCCUPATION:
EMERGENCY CONTACT:	DOCTORS NAME/SURGERY:

We aim to ensure clients have the best possible advice both prior to and post-treatment. Please read the following information prior to booking an appointment in the salon.

- **Consultation Information:** to ensure you are not contraindicated to any treatment.
- **Pretreatment Advice:** should be read prior to attending an appointment.
- **Aftercare Advice:** to be read following your appointment for best results.

Children under the age of 16 should have consent from a parent or guardian prior to any appointment.

### CONSULTATION

- **Local Contraindications:** treatments cannot be performed over contraindicated areas.
- **Medical Contraindications:** please seek medical advice prior to booking. In circumstances where medical permission cannot be

obtained, clients must give their informed consent in writing.

- **Total Contraindications:** prohibit a treatment from taking place.

### **Local Contraindications:**

- Cuts/Abrasions
- Breastfeeding
- Recent Body Piercings or Tattoos
- Pigmentation Disorders or Pigmentation Patches (clients discretion)

### **Medical Contraindications:**

- Respiratory problems
- Botox, Fillers and recent Cosmetic Procedures
- Chemotherapy
- Radiotherapy
- Acne
- Vitiligo
- Diabetics
- Acne

### **Total Contraindications:**

- Skin disorders (Eczema, Dermatitis, Psoriasis)
- Recent Heat treatment (Waxing, Electrolysis, Sauna, Steam room)
- Pregnancy

HRT

*On completion of this consultation card you must tick the Consent Box in order for the treatment to take place.*

*By ticking the box, you are agreeing to the following terms and conditions.*

*I accept that any treatment I have has been fully explained to me and will be undertaken at my own risk. I have carried out a patch test (where necessary) and I am satisfied with the explanation of the procedure and the aftercare. I have answered the questions regarding my medical history to the best of my knowledge and accept that failure to disclose relevant information may impact treatment results.*

*I agree to contact Sutherlands Hair and Beauty immediately in the event of any adverse effects.*

*I agree to these terms and conditions (Please tick)*

