

NUDA

CLIENT FORM

First Name : _____ Last Name : _____

Telephone : _____ Email : _____

Postal Code : _____ Referral : _____

SKIN EVALUATION

Client's skin tone:

Very pale

Light

Medium

Dark

Very Dark

Is skin well hydrated ? _____

Is skin well exfoliated ? _____

How often do you hydrate your skin ? _____

How often do you exfoliate your skin ? _____

Do you have allergies? If so, what are they ? _____

Do you use self-tanning products ? If so, what are they ? _____

Have you used spray tan products in the past ? _____

Have you ever experienced an allergic reaction to these products ? _____

Does your skin typically redden in the sun ? _____

Are you taking any medication or being treated for a skin condition ? _____

Do you go to tanning salons ? _____

Do you have any open wounds or unhealed tattoos ? _____

Are you pregnant ? _____

@NUDACANADA

