Skin. Hair & Makeup Questionnaire

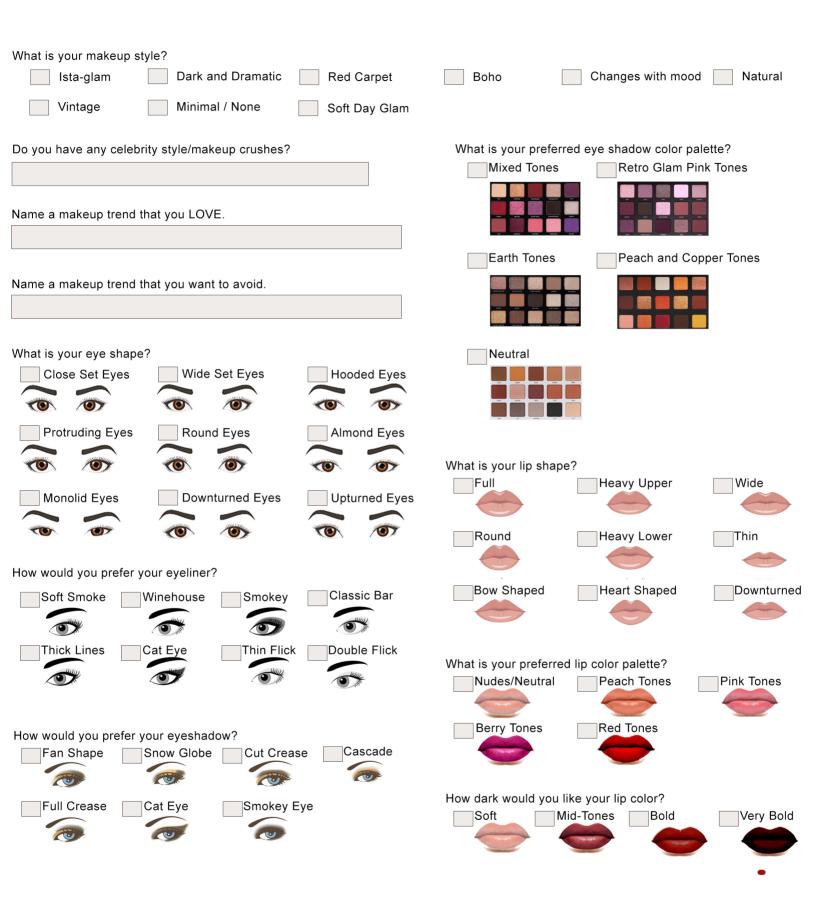
Session Date and Location:	
Your Name:	
Finally	
Email:	
What is your face shape?	What is your skin type?
	Dry and/or Dry combination
	Normal Oily and/or Oily Combination
	Do you have any concerns about your skin?
	Dryness Age Spots
	Discoloration Dark Circles Sun Damage Large Pores
Is there anthing that will cause an adverse skin reaction (any allergies and/or irritants)?	Fine Lines Acne/Blemishes
	Wrinkles Scarring
	To which color is your eye color closest?
	BLUE HAZEL
To which color is your complexion closest?	BROWN
diagra	e list anything left off the list below on the
Moisturizer/Primer Glagit	
Foundation/Concealor	
Set/Highlight/Contour	
Blush/Bronzer	
Brows	The same of the sa
Eyeshadows and/or eyeshadow base	
Liner/mascara	
Lip base and/or lip liner	



Lip color



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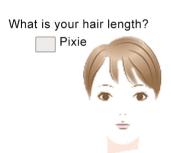
## Skin. Hair & Makeup Questionnaire

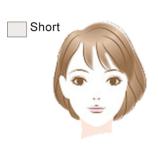
Which is closest to your current hair color?

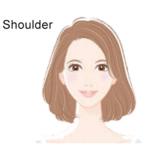


What is	your scalp cond	ition?	)				
	Normal		Dry		Oily		
	Dandruff		Chronic Derr	natolo	ogical Condition		
What is your scalp sensitivity?							
	None		Somewhat		Sensitive		
	Very Sensitive						

If not shown above, what is your current hair color (ex. bright blue, vampire red...)?











Are there any styling products to which you have allergies or sensitivities?

What is your hair thickness?								
Very thin		Thin		Medium				
Thick		Very thick						
Nhat is your hair texture?								
Fine		Straight		Coarse				
Curly		Wavy						
Nhat is your hair type?								
Normal		Dry		Oily				
Colored		Frizzy						
What is your hair condition?								
Healthy		Split Ends	Dama	ged				

