

Client Personal Care Profile

Name : _____

Address : _____

Email : _____

Phones : _____

SKIN CARE

How do you feel about your skin? _____

Do you currently have a skin care routine ? Yes/ No

What products are you using :

☐ Cleanser

☐ Toner

☐ Moisturiser

☐ Eye Cream

☐ Scrub

☐ Masques

☐ Sunscreen

☐ Anti-Ageing

Are you happy with the results ? Yes/ No

What do you like most ? _____

What would you like to improve ? _____

Skin type :

--	--	--	--	--	--	--	--	--	--

Recommendations :



MAKE UP

How do you feel about wearing makeup ? _____



What products do you use ?

- | | | | |
|-------------------------------------|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Concealer | <input type="checkbox"/> Powder | <input type="checkbox"/> Blush (Cheeks) |
| <input type="checkbox"/> Eye liner | <input type="checkbox"/> Eye Colour | <input type="checkbox"/> Mascara | <input type="checkbox"/> Brow Colour |
| <input type="checkbox"/> Lip Liner | <input type="checkbox"/> Lipstick | <input type="checkbox"/> Lip Gloss | <input type="checkbox"/> Nail Colour |

How often do you wear makeup ? Daytime / Evening / Always

Are you happy with the results ? Yes/ No

What do you like most ? _____

What would you like to improve ? _____

Recommendations :

BODY CARE

Do you currently use Body care products? Yes/ No



What products do you use ?

- | | | | |
|-------------------------------------|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Body Cream | <input type="checkbox"/> Shower Gel | <input type="checkbox"/> Foot Cream | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Soap | <input type="checkbox"/> Deodorant | <input type="checkbox"/> Hair Shampoo | <input type="checkbox"/> Hair Conditioner |
| <input type="checkbox"/> Hand Cream | | | |

Recommendations :
