



Makeup Consultation Form

Name: _____ Date: _____

Phone #: _____ Email Address: _____

In order that we may best address your concerns, please answer the following questions:

1. What skincare products do you use in the morning? _____

2. What kind of makeup do you normally wear (liquid, powder, minerals etc) and what brand(s)?

3. What is your biggest concern when it comes to makeup? _____

4. What are the main issues you want to correct with makeup? _____

5. What makeup look best describes your makeup Style: All Natural or Dramatic or both? _____

Notes: _____

