

Skin Concerns

Please indicate areas of concern for your skin. Mark all areas that apply.

Face and Neck:

- Lines and Wrinkles
- Blemishes/Acne
- Sun Protection
- Rosacea
- Eczema

Sensitive, easily irritated skin
Explain: _____

Loss of tone, sagginess, loss of firmness

Dryness or dry patches: If yes, on the:
 Face Body Both

Eyes:

- Darkness/Circles
- Sagginess
- Crows Feet/Wrinkle
- Dry, Crepey

Other:

Do you use a skin care regimen regularly? Yes No

- I need a new look
- I would like to learn to apply color products that match my skin tone and personality.

Name _____ Phone Number: _____

Your Email: _____ Birthdate (Day/Date): _____

Anniversary Date: _____ Spouse's Email: _____

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