

Skin Care Consultation Form

Guest Name _____

Esthetician _____

Date _____



Please complete the following questions before receiving your Éminence treatment:

1 What is your skin type? *Select all that apply*

Dry

Oily

Normal

Combination

Sensitive

2 What are your skin care concerns and/or what would you like to prevent? *Select all that apply*

Aging

Hyperpigmentation

Sensitivity

Redness / Rosacea

Acne / Breakouts

3 When was your last facial treatment? _____

4 What is your skincare routine at home? *Select all that apply*

Cleanse

Tone

Exfoliate

Serum / Concentrate / Oils

Masque

Moisturize

Eye Care

Lip Care

SPF Protection

Body Care

5 Do you prefer a foamy, milky or oil cleanser? *Select one*

Foamy

Milky

Oil

6 Do you prefer a gentle or active exfoliant? *Select one*

Gentle

Active

7 Do you prefer a matte, medium or dewy moisturizer? *Select one*

Matte

Medium

Dewy

8 Do you have any allergies? _____

9 Please list any medications, skin care supplements or any treatments that could make your skin more sensitive / reactive (eg. Retin-A, AccuTane, chemical peel, laser hair removal, etc.)



ÉMINENCE
ORGANIC SKIN CARE
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