

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
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