

CLIENT NAME: _____

MAKEUP LOOK: _____

PHONE: _____

EMAIL: _____

SKIN

Cleanser(s) used: _____

Moisturizer(s) used: _____

FACE

Foundation color/brand/texture: _____

Concealer color/brand/texture: _____

Powder color/brand/texture: _____

Bronzer color/brand/texture: _____

EYES

Brow pencil/powder color(s): _____

Highlight color(s)/texture: _____

Lid crease color(s)/texture: _____

Eyeliner color(s)/texture: _____

Mascara color: _____

False eyelashes type/color: _____

CHEEKS

Blush color(s)/texture _____

LIPS

Liner color: _____

Lip color(s)/texture: _____

Gloss color/texture: _____

SPECIAL NEEDS/NOTES: _____

