LOVE
SKINCARE CENTER
at Solera Salon and Spa

720.254.9234
8770 East Arapahoe Road
Centennial, Colorado 80112

Confidential Makeup Questionnaire

Date_____

First Name_____ Last Name_____ MI_____

1. Have you ever had a professional makeover? Yes__ No__
2. If yes, what did you like about the session? _____
3. If no, how did you learn to apply makeup? _____
4. What are some of your goals today?_____
5. What special areas of concern do you have? _____
6. Do you wear contact lenses? Yes__ No__
   If yes, are they Hard__ Soft__
7. Do you take any medications that cause your eyes to be dry or itch? Yes__ No___
8. Are you currently taking Accutane or have you taken it in the past? Yes__ No___
9. Do you have a health condition that may cause sensitivity in your skin or eye area? Yes___ No__
   If yes, what? _____
10. Do you have any allergies? Yes___ No___
    If yes, please indicate_____
11. Do you have any allergies to skin care products? Yes__ No___
    If yes, what?_____
12. Do you smoke? Yes__ No__
13. What are your favorite colors? _____
14. Describe an ideal look for your makeup:_____

Informed Consent

I understand that the services offered are for educational purposes only. I fully acknowledge that I do not have any known allergies to makeup products. I authorize the makeup artist to apply products to my face. She is free to discuss appropriate information to help me become well-informed concerning makeup application and makeup purchases.

Love Skincare Center, LLC. Policies:

1. A full twenty-four hour cancellation notice is appreciated to avoid a 50% service charge.

2. Love Skincare Center does not issue cash refunds.

3. To better serve you, an initial consultation is required before dispensing any product.

I fully understand and agree to the above policies.

Signature ____ Date____________