

CLIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_


 Y \_\_\_\_\_  
 N \_\_\_\_\_

## I. SKINCARE

At Sephora, we believe a beautiful complexion can be achieved by using personalized skincare products and having a healthy lifestyle.

Is your skin typically dry or oily? \_\_\_\_\_ Is it dry/oily all over? \_\_\_\_\_ How does your T-zone feel? \_\_\_\_\_

How do your cheeks feel? \_\_\_\_\_ Is your skin easily irritated? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

### SKIN TYPE

- Optimal
- Oily
- Combination
- Dry

### HYDRATION

*(Perform hydration test)*

- Hydrated
- Slightly dehydrated
- Dehydrated

### PRIMARY SKIN CONCERN

*\* If you could change one thing about your skin, what would it be?*

- |                            |                             |                                     |                                 |
|----------------------------|-----------------------------|-------------------------------------|---------------------------------|
| <input type="radio"/> Acne | <input type="radio"/> Aging | <input type="radio"/> Environmental | <input type="radio"/> Sensitive |
| • Regular breakouts        | • Fine lines/wrinkles       | • Hyperpigmentation                 | • Redness                       |
| • Inflammation             | • Deep folds                | • Uneven skin tone                  | • Spider veins                  |
| • Scarring                 | • Dullness                  | • Rough texture                     | • Itchy, dry skin               |

## SKINCARE REGIMEN

How much time do you have in the morning and at night to spend on your skincare regimen? AM \_\_\_\_\_ PM \_\_\_\_\_

### STEP 1 CLEANSE / TONE

AM:	CURRENTLY USING / COMMENTS:
PM:	

### STEP 2A TREAT (TOPICALS)

AM:	CURRENTLY USING / COMMENTS:
PM:	

### STEP 2B TREAT (INTERNAL SKINCARE)

AM:	CURRENTLY USING / COMMENTS:
PM:	

### STEP 2C TREAT (MASKS / EXFOLIATORS)

_____ X WEEKLY	CURRENTLY USING / COMMENTS:
_____ X WEEKLY	

### STEP 3A HYDRATE / MOISTURIZE (FACE)

AM:	CURRENTLY USING / COMMENTS:	SPF INCLUDED?
PM:		

### STEP 3B HYDRATE / MOISTURIZE (EYES)

AM:	CURRENTLY USING / COMMENTS:
PM:	

### STEP 4 PROTECT WITH SPF

AM:	CURRENTLY USING / COMMENTS:
PM:	

### STEP 5 SMILECARE

AM:	CURRENTLY USING / COMMENTS:
PM:	

## II. HAIRCARE

### HAIR CONDITION

How often do you *prefer* to wash your hair? \_\_\_\_\_ Do you chemically treat your hair? \_\_\_\_\_

How often is it *necessary* to wash your hair? \_\_\_\_\_ What concerns do you have about your hair? \_\_\_\_\_

### STEP 1 SHAMPOO / CONDITION

SHAMPOO:	CURRENTLY USING / COMMENTS:
CONDITION:	

### STEP 2 TREAT

SCALP:	CURRENTLY USING / COMMENTS:
HAIR:	

### STEP 3 STYLE / FINISH

STYLE:	CURRENTLY USING / COMMENTS:
FINISH:	

## III. PERSONALIZED SAMPLES

AM/PM:	COMMENTS:
AM/PM:	COMMENTS:
AM/PM:	COMMENTS:
AM/PM:	COMMENTS:

Healthy skin is enhanced by beautiful makeup. Ask for your complimentary Color Consultation.

## SEPHORA'S APPROACH TO HEALTHY SKIN

At Sephora, we believe in healthy skin at any age. Achieving the best skin possible is the result of a holistic approach. We recommend incorporating the following guidelines into your routine:

- Eat a well-balanced diet and drink plenty of water
- Incorporate supplements into your diet\*
- Get 7-8 hours of sleep each night
- Visit your esthetician and dermatologist regularly
- Follow a complete skincare regimen morning and night
- Exercise for 30 minutes at least three times a week
- Maintain a strong social and community network
- Manage stress through activities like yoga or meditation

\* Before beginning any supplement program, consult a physician. If you are pregnant, lactating, or planning to become pregnant, Sephora suggests you consult a physician before using supplements. If you are taking any medication or are pregnant, it may affect your skin and the performance of products.

CONSULTANT NAME:	PRIMARY SKIN CONCERN:
PHONE:	STORE: