

# *Jabbas Makeup*

## Client Consultation Form

**Name:** .....

**Email:** .....

**Phone:** .....

**Birthday:** .....

**Skin Type** (please circle which applies to you):

Normal      Combination      Oily      Sensitive      Dry

**How much water do you drink daily?**

.....  
.....

**What is your daily skincare routine?** Please list products and brands:

.....  
.....  
.....  
.....

**Have you taken Roaccutane/Accutane in the past 6 months?**

yes / no

**Details:** .....

**Are you allergic to any makeup products or do you have any skin allergies?**

Yes / no

**Details:** .....  
.....

**How often do you wear makeup?**

.....  
.....

**What kind of makeup do you normally wear?** Please list products and brands:

.....  
.....  
.....  
.....

**What are your biggest concerns when it comes to makeup?**

.....  
.....  
.....

**Are you wanting false lashes?**

Yes / no

**Have you ever worn false lashes?**

Yes / no

**Please describe the makeup look you are wanting:**

.....  
.....  
.....

**Is there anything else that we should know?**

.....  
.....  
.....  
.....

**Please feel free to include any photo inspiration you may have and if you have anything else to add, please email me at [brookestanleymakeup@hotmail.com](mailto:brookestanleymakeup@hotmail.com)**