

Questionnaire for your skin analysis

name:

surname:

street:

postal code, city:

date of birth:

phone:

e-mail:

mobile:

allergy: yes, which : _____ no

intolerance: yes, which: _____ no

medication
(blood-thinners, pills, thyroid hormones) yes, which: _____ no

do you have implants:
(contraceptive coil, pacer etc.) yes, which: _____ no

cosmetic surgery:
(botox, hyaluronan, liposuction) yes, which: _____ no

are you pregnant: yes no

daily drinking: less than 1,5 liter more than 1,5 liter

smoker: yes no

How do you evaluate your skin?

normal oily rather dry prone to breakouts dull
 rough skin tight after cleansing / during the day

What type of beauty care are you?

- It must be quick and easy – also on the weekends. (max. 15 minutes)
- I take my time for beauty care – once a week plus pick one peeling and mask. (up to 30 minutes)
- I love taking care of myself and enjoy a beauty day a week. (more than 30 minutes)

Which products do you use?

- | | | |
|--|--|--|
| <input type="checkbox"/> eye make-up remover | <input type="checkbox"/> cleanser | <input type="checkbox"/> peeling |
| <input type="checkbox"/> serum | <input type="checkbox"/> vanishing cream | <input type="checkbox"/> night cream |
| <input type="checkbox"/> neck-decolletage care | <input type="checkbox"/> eye care | <input type="checkbox"/> maske |
| <input type="checkbox"/> body scrub /-lotion | <input type="checkbox"/> sun care | <input type="checkbox"/> anti-cellulite care |

What are your goals by doing intensive beauty care?

- | | | |
|---|---|---|
| <input type="checkbox"/> reduce wrinkles | <input type="checkbox"/> skin tightening | <input type="checkbox"/> remove impurities |
| <input type="checkbox"/> reduce dryness | <input type="checkbox"/> soften cellulite | <input type="checkbox"/> reduce sensitivity/redness |
| <input type="checkbox"/> reduce pigment spots | <input type="checkbox"/> _____ | |

What do you appreciate most during a beauty treatment?

Do you regularly go to a beautician?

- no
- yes, at intervals of.....weeks
- yes, with skin problems.
- yes, as a treat for myself

_____ date

_____ signature