



Client name:

Phone:

Email:

Makeup occasion:

Date:

Do you have any allergies to makeup, oils, spf etc. ? please include details...

Please select your skin type:

Please select your complexion:

What do you currently use for makeup?

Age:

Hair colour:

Ethnicity:

Eye colour:

Do you have any concerns or requests at this time?

I have, to the best of my knowledge, given an accurate account of my medical history, including all known allergies and prescription drugs I'm taking, as well as skin products I'm currently using.

I will not hold, Laura Dyer Makeup Artist, responsible for any of my skin conditions that were present, but not disclosed at the time of the makeup application(s), which may be affected by the service(s) performed.

I understand that in the event of a recently discovered skin condition, such as cold sore or eye infection, makeup application may not be possible, or may be limited to certain areas of the face.

I agree to pay Laura Dyer Makeup Artist the amount agreed upon in our consultation.

Signed:

Date: