



KISS BY KATIE
makeup + hair

QUESTIONNAIRE

Client Name: _____

Event Date: _____

Skin Type: NORMAL ___ DRY ___ OILY ___ COMBINATION ___

Are you prone to breakouts, blemishes, or texture? YES ___ NO ___

What are your problem areas or concerns if any? _____

Do you have any of the following skin conditions?

ACNE ___ ROSACEA ___

ECZEMA ___ DARK CIRCLES ___

Any known sensitivity / allergies to cosmetics? YES ___ NO ___

What is your daily makeup routine?

LITTLE TO NONE ___

ONLY ON OCCASION ___

FULL FACE OF MAKEUP DAILY ___

Foundation Coverage Preference: SHEER ___ MEDIUM ___ FULL COVERAGE ___

Describe your skin tone: FAIR ___ LIGHT ___ MEDIUM ___ DARK ___

What steps do you take in your makeup routine?

PRIMER ___ BRONZER ___ MASCARA ___ LIP LINER ___

FOUNDATION ___ BLUSH ___ EYELINER ___ LIPSTICK ___

CONCEALER ___ HIGHLIGHT ___ CONTOUR ___ LIP GLOSS ___

POWDER ___ EYESHADOW ___ BROWS ___ FALSE LASHES ___

Are there any makeup styles that you do not like?

Are there any products of your own that you prefer I use? YES ___ NO ___

If yes, please list: _____

Is there a makeup style you prefer for you bridal party? _____

Please describe the style of your gown: _____