Paris Peace Beauty

954-279-0692

**Cosmetic Consultation:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of Visit:**

\_\_\_ Makeup Lesson \_\_\_Bridal \_\_\_ Photoshoot Makeup \_\_\_Special Occasion(list) \_\_\_\_\_\_\_\_\_\_

\_\_\_ Fashions Show Makeup

**Please list any concerns that you want to address about the makeup applications.**

**Makeup Regimen:**

**Foundation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Concealer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Powder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eyeshadow\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lipstick\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lipliner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Blush\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mascara\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How often do you wear makeup? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Skin Care Regimen:**

Cleanser\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exfoliator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Toner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mask\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eye Products\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sunscreen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Moisturizer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had a facial before? \_\_\_ Yes \_\_\_No

If yes, when was the last facial and the name of facility you received service? What is the name oof the facial treatment did you receive.?

Do you know the name of the products that was used doing your service? \_\_\_Yes \_\_\_No

Please List the name of products below.

Are you currently using products containing the following \_\_\_ Yes \_\_\_ No

Glycolic Acid\_\_\_\_\_ Salicylic Acid\_\_\_ Vitamin A Derivates (Retinol Ect)\_\_\_ Lactic Acid\_\_\_

Hydroxyl Acid\_\_\_ Acene Medication\_\_\_ Exfoliation\_\_\_

Have you ever had a chemical peel, laser, microdermabrasion, or any skin resurfacing treatments? \_\_\_Yes \_\_\_No

When was your last treatment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do your receive treatments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you allergic to any of the following?

Cosmetic\_\_\_\_\_ Medication\_\_\_\_ Fragrance\_\_\_\_ Lodine\_\_\_ Sunscreen\_\_\_ Hydroxyl Acid\_\_\_\_

Animals\_\_\_ Other\_\_\_

Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Health:**

Have you been under a physician’s care in the past 12 months? \_\_\_ Yes \_\_\_No

If yes, what was the outcome? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(MAY NEED A DOCTOR’S NOTE FOR SERVICES)**

Have you had any of the following in the past or currently:

\_\_ cancer \_\_ multiple sclerosis (MS) \_\_ diabetes \_\_ epilepsy \_\_hormonal imbalance \_\_heart problems

\_\_hysterectomy \_\_systemic disease \_\_thyroid condition \_\_varicose veins \_\_spinal injury \_\_osteoporosis

\_\_arthritis \_\_auto immune disorder \_\_high blood pressure \_\_lupus \_\_fibromyalgia \_\_other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you pregnant? \_\_\_Yes \_\_\_No

If yes, how many weeks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything I need to know that may alter the service? \_\_\_Yes \_\_\_No

If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you lactating? \_\_\_Yes \_\_\_No

Are you taking any oral contraceptives? \_\_\_Yes \_\_\_No

If yes, please list. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medication or supplements that you are taking.

How often do you take medication or supplements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you wear contacts? \_\_\_ Yes \_\_\_ No

Do you suffer from cold sores? \_\_\_Yes \_\_\_No

Do you suffer from sinus problems? \_\_\_Yes \_\_\_No

Consultation cost is per person and includes half of face only and up to two looks for one and half hours. 30 minutes for discussing looks and one hour for service.

**PLEASE READ BELOW:**

**HAVE YOU HAD A RUNNING NOSE, NAUSEA, SORE THORAT, HEADACHE, OR FEVER WITHIN THE LAST 14 DAYS? \_\_\_YES \_\_\_NO**

**HAVE YOU HAD COVID OR EXPOSED TO SOMEONE WITH COVID WITHIN THE LAST 14 DAYS? \_\_\_YES \_\_\_NO**

**IF YES, WHAT DATE WERE YOU CLEARED? \_\_\_\_\_\_\_\_\_\_\_**

**IF YES, WHEN WAS THE DATE THAT YOU BECAME NEGATIVE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is there anything that I need to know regarding any health issues or concerns that will compromise any services with Paris Peace Beauty? \_\_\_Yes \_\_\_No

If yes, please explain below:

Can Paris Peace Beauty take pictures to show future clients services? \_\_\_Yes \_\_\_No

By signing below, you agree to terms and that you have answered questions truthfully. And that if service is not performed on professional level will be because of anything that have not been answered truthfully and will not be because of any wrongdoing of Paris Peace Beauty or Staff. 18

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Sign Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print (under 18) Sign Date

Parent or Gurdian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print (Witness ) Sign Date