

Client Profile

Date: _____ Hostess: _____

Girlfriend Information:

Last Name: _____ First: _____

Your Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Home Phone: _____

Other: _____

Best Time To Call: _____ am/pm

Email: _____

Birthday: _____ Anniv: _____ Spouse Name: _____

Age Group (circle): Under 30 30 – 39 40-49 50-59 60+

Holiday/Birthday Shopper for You: _____

Phone: _____

Email: _____

Relationship to You: _____

(please note: for Birthdays, Christmas, mother's day, anniversary etc... we send wish lists and ideas for you to your people who need help shopping for you)

Are you a mom? _____

Social Groups You Are In That Might Enjoy a Spa

(book club, Church group, pta/moms club, dinner club, etc.):

Check off Which Applies:

domestic goddess retired un-employed

employed I do not like my job

I could use some extra cash each month for expenses

Employer: _____ Title: _____ PT FT

Makeup Concerns

I want a new look & know my best colors &/or how to apply

I need a lipstick that stays put w/out drying &/or a new color

I need a great eye makeup remover.

I want makeup to last longer

My eye liner smudges

My mascara smudges / need waterproof

I want to cover up (circle) – red patches – dark circles - yellow

Interested in Anti Aging Makeup

Circle Makeup You Use:

Primer, Foundation: – liquid – powder - minerals

Eye Shadow, Blush, Lipstick, Lip Gloss, Eye Liner, Mascara

My BC Spa Facial Analysis

1. Purifying Cleanser Gel Lotion

2. Exfoliating Polish

3. Regenerating tonic AHA PHA

4. Moisturizer w/SPF Lotion Crème

Defend & Restore Night Crème

5. Restructuring Eye Crème

Other: _____

Skin Concerns:

My Facial Concerns Are:

very dry very oily

fine lines & wrinkles large pores

occasional acne chronic acne

puffiness jowels/face chapped lips

fine lines/lips rough texture

blackheads loss of firmness

age spots/freckles sun protection

rosacea/sensitive scarring

detoxifying my skin

My Eye Concerns Are:

dark circles crows feet/lines

sagging eye lids/brow puffiness

I care about my body:

sun protection for the body cellulite

dry skin / itchy skin spider veins

age spots / freckles stretch marks

body acne detoxifying my skin

want to tighten skin on body

I care about my hands & feet:

dry / damaged cuticles dry hands

dry / damaged feet calluses

Wish List

Skin Care Makeup

Chemical Peel Hand Treatments

Microderm Abrasion Foot Treatments

Botox in a Bottle TFF Lip Treatments

Eye (dark circles) Eye Patch (cucumber)

Detox Treatments TFF Masque

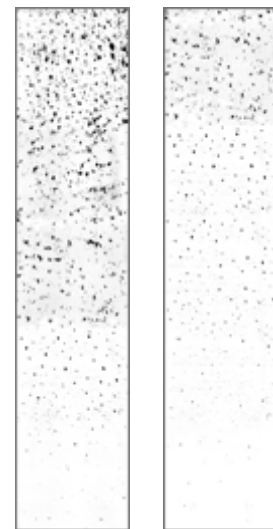
Warming masque Detox Clay Masque

Circle Scents you Like: Margarita, Brown Sugar, Sugar, Citrus, Peppermint/Melon, Ocean



Get Your Personalized Skin Care Prescription

BeutiControl's new Skin Sensors™ and skin s.p.a.



Forehead Cheek

What do your Skin Sensors look like?

Please take a few minutes to answer the following questions. This will help me to provide you with the most accurate skin care prescription. Thank You!!

Please select the descriptions that best describe the skin around your eyes:

	Not at all	Barely visible	Moderately visible	More pronounced
Fine lines/wrinkles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dark circles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puffiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of firmness/elasticity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dryness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select the descriptions that best describe your overall skin's appearance:

	Not at all	Barely visible	Moderately visible	More pronounced
Fine Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep wrinkles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age spots/sun damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of firmness/elasticity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large pores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dull skin/lack of clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select the description that best describes your skin's sensitivity:

Little to no sensitivity <input type="checkbox"/>	Mildly sensitive <input type="checkbox"/>	Moderately sensitive <input type="checkbox"/>	Very sensitive <input type="checkbox"/>
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Please select how often you experience breakouts:

Rarely <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily <input type="checkbox"/>
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Please select your ethnicity:

Asian <input type="checkbox"/>	African American <input type="checkbox"/>	Hispanic/Latino <input type="checkbox"/>	Native American <input type="checkbox"/>	Caucasian <input type="checkbox"/>	Other <input type="checkbox"/>
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Please select your age:

Under 20 <input type="checkbox"/>	Between 20-29 <input type="checkbox"/>	Between 30-39 <input type="checkbox"/>	Between 40-49 <input type="checkbox"/>	50+ <input type="checkbox"/>
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3 Friends that need or would enjoy a personalized bc spa treatment:

Name: _____ Phone: _____ email: _____

Name: _____ Phone: _____ email: _____

Name: _____ Phone: _____ email: _____