

Skin Care Recommendations



Name:

Email:

Phone:

What are you hoping to improve about the overall condition of your skin?

How would you describe your skin?
please tick all relevant options

- oily
- dry / dehydrated
- congested / blocked
- flaky
- acne prone occasional
- acne prone continual
- monthly breakouts
- irritated / sensitive

Are you bothered by any of the following?
please tick all relevant options

- ageing
- pigmentation
- premature ageing
- sun damage
- redness / broken capillaries
- psoriasis / ezema

I would like recommendations for:
please tick all relevant options

- cleansers
- toners
- exfoliants
- serums
- moisturisers
- eye creams
- sun protection
- masks

Are you seeing, or have you seen, a specialist for your skin care? Y N

Are you taking acne or skin thinning medication? Y N

Are you currently pregnant or lactating? Y N

Do you suffer from any skin conditions or disorders? If yes, please list below: Y N

Do you have any known allergies to skin care products / ingredients? If yes, please list below: Y N

Have you recently had any resurfacing treatments? If yes, please list the date and treatment: Y N

Please list any other relevant details about your skin history / type / or current skincare routine below:

THANK YOU FOR COMPLETING OUR SKIN CARE ANALYSIS FORM

Don't forget to save your form and email it to us at [E tinakaysbeauty@gmail.com](mailto:tinakaysbeauty@gmail.com)
We will respond as soon as possible with any advice or recommendations.