



MAKEUP ARTISTRY

QUESTIONNAIRE

DATE OF WEDDING _____

BRIDE'S NAME _____ GROOM'S NAME _____

SKIN TYPE: NORMAL ____ DRY ____ OILY ____ COMBINATION ____

SKIN CONCERNS _____

ARE YOU PRONE TO BREAKOUTS, BLEMISHES, OR TEXTURE? YES ____ NO ____

WHAT ARE YOUR PROBLEM AREAS, IF ANY? _____

DO YOU HAVE ANY OF THE FOLLOWING SKIN CONDITIONS?

ACNE ____

ROSACEA ____

ECZEMA ____

DARK UNDEREYE CIRCLES ____

DO YOU HAVE ANY KNOWN SENSITIVITIES / ALLERGIES TO ANY COSMETICS? YES ____ NO ____

IF YES, PLEASE LIST: _____

WHAT DOES YOUR SKINCARE ROUTINE LOOK LIKE?

CLEANSE ____

TONE ____

EXFOLIATE ____

MOISTURIZE ____

WHAT SKIN CARE BRANDS DO YOU USE? _____

HOW DO YOU LIKE TO WEAR YOUR MAKEUP DAILY?

LITTLE TO NONE ____

MAKEUP, ONLY ON OCCASION ____

FULL FACE OF MAKEUP EVERYDAY ____

FOUNDATION COVERAGE PREFERENCE: SHEER ____ MEDIUM ____ FULL COVERAGE ____

DESCRIBE YOUR SKIN TONE: FAIR ____ LIGHT ____ MEDIUM ____ DARK ____

WILL YOU BE SPRAY-TANNED FOR YOUR WEDDING DAY? YES ____ NO ____

WHAT STEPS DO YOU TAKE IN YOUR MAKEUP ROUTINE?

PRIMER ____	BRONZER ____	MASCARA ____	LIP LINER ____
FOUNDATION ____	BLUSH ____	EYELINER ____	LIPSTICK ____
CONCEALER ____	HIGHLIGHT ____	WINGED LINER ____	LIP GLOSS ____
CONTOUR ____	EYESHADOW ____	BROWS ____	POWDER ____

WHAT MAKEUP BRANDS DO YOU USE? _____

ARE THERE ANY MAKEUP STYLES/COLORS THAT YOU DO NOT LIKE? _____

IS THERE A MAKEUP STYLE YOU PREFER FOR YOUR BRIDAL PARTY? _____

ARE THERE ANY PRODUCTS OF YOUR OWN YOU PREFER THAT I USE? YES ____ NO ____

IF YES, PLEASE LIST: _____

STYLE OF YOUR WEDDING

CLASSIC ____	RUSTIC ____	VINTAGE ____	FORMAL ____
MODERN ____	COASTAL ____	ECLECTIC ____	

WHAT ARE YOUR WEDDING COLORS?

FLOWERS _____

BRIDESMAID DRESSES _____

OTHER ACCENTS _____

STYLE OF YOUR GOWN

CLASSIC ____	GLITZY ____	MINIMALISTIC ____
DRAMATIC ____	CASUAL ____	ETHEREAL ____

EXPLAIN IN DETAIL: _____

WHO IS YOUR FLORIST? _____

WEBSITE _____

WHO IS YOUR HAIRSTYLIST? _____

WEBSITE _____

WILL MAKEUP + HAIR BE DONE SIMULTANEOUSLY? YES ____ NO ____

I HAVE ANSWERED THIS QUESTIONNAIRE TO THE BEST OF MY KNOWLEDGE.

CLIENT SIGNATURE _____ DATE _____