
MAKEUP CONSULTATION & INTAKE FORM

Please fill this in before your appointment so the day can be about the look, not the details. Anything you tell me here stays between us.

ABOUT YOU

Name

Phone

Email

Instagram

How did you find me?

☐ Instagram ☐ Referral ☐ Google ☐ Other

THE BOOKING

Occasion

Event date

Ready-by time

Location

People in the party

Trial booked?

☐ Yes ☐ No

THE LOOK

Reference photos

☐ Sent ☐ Will send

Finish

☐ Natural ☐ Dewy ☐ Matte

Lashes

☐ Strip ☐ Individual ☐ None

Coverage

☐ Sheer ☐ Medium ☐ Full

Focus

☐ Eyes ☐ Lips ☐ Both

Anything you never wear

YOUR SKIN

Skin type

☐ Dry ☐ Oily ☐ Combination ☐ Normal ☐ Sensitive

Skin tone and undertone

Contact lenses?

☐ Yes ☐ No

Treatments in the last 2 weeks (peels, retinol, waxing, injectables)

ALLERGIES AND SENSITIVITIES

Known allergies (latex, fragrance, specific ingredients)

Past reactions to makeup or lash glue

Patch test requested?

☐ Yes ☐ No

Patch test date

PHOTOS AND SIGN-OFF

- ☐ Photos of my makeup may be used on the artist's portfolio and social media
- ☐ Please do not share photos of me

Client signature

Date