

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

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

Phone: \_\_\_\_\_ Birth month: \_\_\_\_\_

Email address: \_\_\_\_\_

**1. Which Best describes your overall EYE appearance?**

The skin around your eyes is thinner and more fragile than the rest of your facial skin, thus it needs extra special care and has unique, specific needs.

<b>Fine lines:</b>	Not at all	Barely visible	Moderately visible	More pronounced
<b>Dark Circles:</b>	Not at all	Barely visible	Moderately visible	More pronounced
<b>Puffiness:</b>	Not at all	Barely visible	Moderately visible	More pronounced
<b>Loss of firmness/elasticity:</b>	Not at all	Barely visible	Moderately visible	More pronounced
<b>Dryness:</b>	Not at all	Barely visible	Moderately visible	More pronounced

**2. Which best describes your overall SKIN appearance?**

Each person has unique skin care needs and various levels of damage. Knowing the level of damage your skin may have, will help us personalize your regimen, allowing you to achieve optimal results.

<b>Fine lines:</b>	Not at all	Barely visible	Moderately visible	More pronounced
<b>Deep wrinkles:</b>	Not at all	Barely visible	Moderately visible	More pronounced
<b>Age spots &amp; sun damage:</b>	Not at all	Barely visible	Moderately visible	More pronounced
<b>Loss of firmness/elasticity:</b>	Not at all	Barely visible	Moderately visible	More pronounced
<b>Large pores:</b>	Not at all	Barely visible	Moderately visible	More pronounced
<b>Dull skin or lack of clarity:</b>	Not at all	Barely visible	Moderately visible	More pronounced

**3. Which best describes your skin sensitivity?**

- A. Little to no sensitivity    B. Mildly sensitive    C. Moderately sensitive    D. Very sensitive

**4. How often do you experience breakouts?**

- A. Rarely if at all    B. Monthly    C. Weekly    D. Daily

**5. Ethnicity**    Asian    African American    Hispanic/Latino    Native American    Caucasian    Other

**6. Age**    teens    20s    30s    40s    50s    60s+

**7. Sensor Results:**

