

Client Makeup Consultation Form

ENID'S MAKEUP ARTISTRY STUDIO

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Thank you for choosing Enid's Makeup Artistry Studio. This consultation helps me understand your beauty goals, preferences, and expectations so I can create a personalized makeup experience designed specifically for you.

Client Information

Client Name:

Phone Number:

Email Address:

Consultation Date:

Event Date:

Event Type:

☐ Wedding

☐ Birthday

☐ Photoshoot

☐ Special Event

☐ Date Night

☐ Other

Other:

Makeup Goals & Inspiration

Describe the makeup look you are hoping to achieve:

How would you describe your everyday makeup style?

☐ No Makeup/Natural

☐ Minimal Makeup

☐ Soft Glam

☐ Full Glam

☐ Bold/Creative

Preferred makeup finish:

☐ Matte

☐ Natural/Skin-like

☐ Dewy/Glowing

☐ Long-lasting/Full Coverage

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Skin Information

Skin Type:

- ☐ Dry ☐ Oily ☐ Combination
☐ Normal ☐ Sensitive

Current Skincare Routine:

Skin Concerns:

- ☐ Acne ☐ Texture ☐ Dryness
☐ Redness ☐ Dark Spots/Hyperpigmentation ☐ Fine Lines
☐ Other

Other:

Known Allergies or Product Sensitivities:

Makeup Preferences

Foundation Preference:

- ☐ Light Coverage ☐ Medium Coverage ☐ Full Coverage

Eye Makeup Preference:

- ☐ Natural ☐ Soft Neutral ☐ Smokey
☐ Bold/Colorful ☐ Cut Crease/Creative

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Makeup Preferences - Continued

Lash Preference:

- | | |
|--|---|
| ☐ Natural Lash | ☐ Wispy Lash |
| ☐ Dramatic Lash | ☐ Unsure - Artist Recommendation |

Lip Preference:

- | | | | |
|---------------------------------|--------------------------------|--------------------------------|------------------------------|
| ☐ Nude | ☐ Pink | ☐ Brown | ☐ Red |
| ☐ Glossy | ☐ Matte | ☐ Other | |

Other:

Event Details

Dress/Outfit Color:

Hair Style:

Jewelry/Accessories:

Theme or Overall Style:

Inspiration Photos

- | | |
|---|---|
| ☐ Client provided inspiration photos | ☐ Client would like artist recommendations |
|---|---|

Notes:

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Artist Recommendations

Recommended products, techniques, or adjustments:

Client Expectations

What is most important to you about your makeup experience?

Consultation Agreement

I understand that makeup results may vary depending on skin type, skin condition, lighting, and individual features. The goal of Enid's Makeup Artistry Studio is to create a look that enhances my natural beauty while meeting my preferences and expectations.

Client Signature:

Date:

Makeup Artist Signature:

Date:

Thank you for trusting Enid's Makeup Artistry Studio. I look forward to creating a beautiful look that makes you feel confident and unforgettable.