THE CLIENT CHART

NAME: _____ DATE: _____

SKIN CARE:

_____

CLEANSER _____

TONER _____

MOISTURIZER _____

MAKEUP _____

FOUNDATION _____

CONCEALER _____

BROW COLOR _____

EYE SHADOWS _____

CREASE _____

LID _____

OTHER _____

EYELINER _____

MASCARA _____

ORBITAL AREA _____

LIP MOISTURIZER _____

LIP PENCIL _____

LIPSTICK _____

LIP GLOSS _____

NOTES:

_____

_____

_____

_____