ABOUT YOU AND YOUR SKIN

NAME _____ DATE _____

TELEPHONE _____ EMAIL _____

Help me better understand your needs. Tell me about your skin. Check the issues that concern you.

- ☐ Wrinkle prevention
- ☐ First signs of ageing
- ☐ Expression lines
- ☐ Deep wrinkles
- ☐ Lack of firmness
- ☐ Dull complexion
- ☐ Brown spots, uneven complexion
- ☐ Dehydration
- ☐ Dry skin
- ☐ Sensitivity
- ☐ Redness
- ☐ Oily skin, dilated pores, blemishes
- ☐ Acne
- ☐ Eye contour
- ☐ Neck & décolleté
- ☐ Hands
- ☐ Lips
- ☐ Sun exposure
- ☐ Body

Tell me about your home beauty regime. What products do you use?

To remove your makeup and clean your skin	Day Night
To take care of your skin every day	Day Night Serum Eye cream
Other products	Exfoliant Mask Body care products Other
Professional treatments	
Medico-aesthetic procedures (injections, laser treatments, peels, etc.)	

Laboratoire Dr Renaud