

Use this form to keep record of all your client's information



# ANNIQUE rooibos

Your AnniQue Consultant: \_\_\_\_\_ Date: \_\_\_\_\_

## QUESTIONNAIRE

Name _____	Birthday _____
Physical address _____	
_____	
Email address _____	
Phone number _____	
Which skin care range do you currently use _____	

### What is the current condition of your skin?

- Eczema
- Freckles
- Veins
- Pimples
- Blackheads
- Whiteheads
- Acne
- Scarring
- Pigmentation marks
- Dehydration
- Wrinkles
- Dryness
- Dull skin
- Oiliness
- T-zone problems
- Enlarged pores
- Sensitive

### Do you experience any of the following?

- Insomnia
- Fatigue
- Stress or trauma
- Concentration problems
- Menopause, PMS, hormonal imbalance
- Constipation, spastic colon
- Asthma
- Indigestion
- Allergies
- Hayfever or sinus
- Flu and colds
- Feverblisters
- Bladder infection
- Blood pressure - high/low
- Aching muscles or joint stiffness
- Itchy skin
- Dermatological treatments

Daily supplements (vitamins/minerals) taken: \_\_\_\_\_

Medication: \_\_\_\_\_

Cravings: \_\_\_\_\_

### May I contact you?

- Yes
- No

**Tick boxes if you want to be contacted**

### In connection with:

- Skin care
- Health and Wellness (FREE analysis)
- Slimming
- Cellulite products
- Resque range for skin care emergencies

- Need a new foundation
- Baby care
- Gifting
- Men's skin care
- Eczema
- Acne/problem skin
- Body care

- Mini Pamper Foot Party
- Herbal Tea Therapy
- Pamper 'Facial' Party** (you and five friends at **my** or **your** house)
- Business Opportunity** (SIMPLE, FUN, EASY)