



Mystery Spa Box Questionnaire

Please answer the following questions so that we can customize your Mystery Spa Box to the concerns/issues that you may have with your skin, hair or body.

Name:

Address:

Phone Number:

Birthday:

What type of skin do you have?

Dry

Oily

Combination

Sensitive

Mature

If you have sensitive skin, do you turn red easily, certain fragrances/products that you are sensitive to?

Do you struggle with acne?

If Yes, what products have you or are currently using and how are the products working for your skin?

Do you have any allergies to foods or medications?

If Yes, please list all allergies

What type of hair do you have?

Dry Curly/Frizzy Fine/Thinning Damaged

How often do you wash your hair?

 Daily Every other day Weekly

Do you color/bleach your hair?

If Yes, how often?

Do you use styling products in your hair?

If Yes, What products do you use for styling your hair?

Do you have dry/cracked hands, feet, body?

Do you enjoy taking baths?

Do you have certain scents that you do NOT like?

Do you get headaches/migraines?

If Yes, Is there a scent or food that triggers your headaches/migraines?

Do you have back, neck or any body pain?

What is your favorite color?

Do you like to journal as part of your self care?

Do you like to read?

If Yes, What is your favorite thing to read?

Are you involved in sports or outdoor activities?

If Yes, What are you involved in?

What do you enjoy doing as part of your self care routine?

Thank you for answering these questions for us! This helps us to customize your monthly Mystery Spa box to YOU! Please inform us of anything else that we might not have covered that you would like us to know about you!

Would like to schedule an appointment for a complimentary phone consultation for your skin or hair?

Would you like a video conferencing with our Estheticians or Stylists?

NOTE: We ship out our Monthly Spa Mystery Boxes out on the 15th of every month!