

Skin Care Questionnaire

To receive samples of the Annemarie Börlind products for your particular skin type please complete and return this questionnaire together with **3 x 1st class stamps**. When we send your samples we will enclose a discount voucher to be redeemed against your first order of Annemarie Börlind products.

Name _____

Address _____

Post Code _____ **Telephone** _____

Email _____

Date of Birth Day Month Year

Please state where you heard of us: _____

Please state the condition of your skin:

In your TEENS Normal Oily Dry Acne

NOW Very dry Dry Oily Very oily Sensitive

In T-Zone (forehead, nose, chin) Normal Dry Oily Very oily

General texture of your skin Normal Fine Coarse

Do you have any special conditions? Pimples Blackheads Open pores

Broken capillaries

What products are you currently using

to Cleanse _____

to Tone _____

to Moisturise _____

Other _____

Please state any ingredients to which you have an allergic reaction:

Any other general comments about your skin:

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