

Institute of Epidermal Cell Therapy for the

Art & Science of Beauty

Welcomes you to the Girlfriend Guide...

This guide is a comprehensive and encouraging tool that offers women the ability to get in touch with the inner girlfriend in all of us. Allowing you to be the best you that you can be!

Lets Get Started...

Introduction

More than just skin deep, beauty is a reflection of our inner selves. When we feel beautiful and sexy, we feel more powerful, self-confident, and yes, youthful. With Master Esthetician Saphonia Gee as your personal beauty coach, you can change your look with every season, and achieve your best look at any age and shape! Join Saphonia as she takes you on the greatest journey you've ever taken toward self-improvement and personal empowerment!

You don't need the magic of Hollywood to look your best. All you need is to take an honest assessment of yourself (admitting your weak spots, and admiring your best qualities, if only to yourself), try Saphonia's proven self-investment skills, and you're on your way. Keep this workbook at your side to keep track of your progress. You will amaze yourself and your world as you become the very best version of yourself with The Divine Beauty Guide.

Phase 1

Step 1: Self-Assessment: photos, bio, face, hair, age zone, style.

Step II: 1) Pick a season, 2) Pick a divine beauty: 3) change your look

Step III: My self-investment skills: a workbook to enhance your natural beauty

Blank Canvas Self- Assessment

Think about your current self and your ideal self. Is there a gap between who you are today, and who you are capable of becoming? If we're honest with ourselves, recognizing our own unique strengths and our potential, as well as our weaknesses, we can begin the work of growth, so that we can fully claim our strength and beauty.

Experts tell us that it takes about 30 days to replace a maladaptive (bad for you) coping strategy with a healthy habit that really works to beat stress, anxiety, depression and fatigue.

Take Saphonia's self-assessment test to find out who you really are today, and the Divine Beauty Guide will provide the tips on how to get where you're going to achieve your true beauty potential. As they say, the journey of a thousand miles starts with one step, so begin your journey today, and discover a near-perfect version of you.

Original Look

Let's go *back to the beginning . . .*

- You will want to examine photos from birth to age 14.
- You will want to note your best features as well as other key factors such as:

FACE

- Shape: Oval, Round, Heart Shaped, Square or Triangle
- Under Tone: Peach, Pear, Lemon, Cherry, Berry or Grape
- Skin Texture: Rough or Smooth
- Skin Type: Oily or Dry

EYES

● Eye Color: _____

● Eye Shape: _____

● Eye Description:

(Circle all that apply: Close set, wide set, deep set, protruding, heavy lidded, dark circles, small large)

Hair

- Natural Color: black, brunette, blonde or red
- Texture: Course or Fine
- Natural Hair pattern: S pattern or V pattern



<u><i>Undertone(Natural Color)</i></u>	<u><i>Intensified</i></u>	<u><i>Dramatic</i></u>	<u><i>Special Occasion</i></u>
Peach	Lemon/Pear	Cherry/Berry	Grape
Pear	Peach/Lemon	Cherry/Berry	Grape
Lemon	Peach/Pear	Grape/Berry	Cherry
Cherry	Grape/Berry	Peach/Pear	Lemon
Berry	Grape/Cherry	Pear/Peach	Lemon
Grape	Cherry/Berry	Lemon/Pear	Peach

Your Best Look

Now think back to the day when you remember looking in the mirror and saying...Wow, I look good!

When reflecting back to the time of your “Best Look” w

FACE

- Natural Pigment level: _____ (Very light, light, medium, dark or deepest)
- Under Tone/Look: _____ (Peach, Pear, Lemon, Cherry, Berry or Grape)
- Skin Texture: _____ (Thin, Medium or Thick)
- Skin Type: _____ (Oily or Dry)

Eyes

- Eye Color: _____
- Eye Shape: _____
- Lash Extension:
- Individual yes _____ no _____
- Full Lash yes _____ no _____
- Lash Tint: yes _____ no _____

Lips

- Fillers:
- Surgical yes _____ no _____
- Non-Surgical yes _____ no _____

Hair

- Natural Color: _____
- Texture: _____
- Color: yes _____ no _____
- Highlights: yes _____ no _____

Ask yourself these questions

1. What were you doing at that point in your life?
2. How did your lifestyle influence your style and beauty?
(Lifestyle is defined by your social relationships, food consumption and influence of music/media)

Social relationships are based on: lover/significant other, family/home, friends, workplace/career

Food Consumption: healthy, junk food, fine dining, fast food, and weight conscious.

Music: R&B, Hip Hop, Jazz, Country, Rock, Classical and Contemporary

Media: Television, Magazines and Movies

3. How would you categorize yourself at that time?
Choose from the categories below: _____
(Carefree, Bookworm, Socialite, Hippie or Conservative)

- 
4. Who had the biggest influence on your sense of style and beauty? (Mother, Grandmother, or another role model. What did you learn from them and what do wish they had told you.)
 5. How did these influences help define your style?
 6. What was your favorite article of clothing or accessory?

Current look

-
- This look is based on current photos of yourself. Use these photos to make an honest assessment of where you are now in your journey to obtaining your Ideal Look.

Face

- Natural Pigment level: _____ (Very light, light, medium, dark or deepest)
- Under Tone/Look: _____ (Peach, Pear, Lemon, Cherry, Berry or Grape)
- Skin Texture: _____ (Thin, Medium or Thick)
- Skin Type: _____ (Oily or Dry)

Face

- Natural Pigment level: _____ (Very light, light, medium, dark or deepest)
- Under Tone/Look: _____ (Peach, Pear, Lemon, Cherry, Berry or Grape)
- Skin Texture: _____ (Thin, Medium or Thick)
- Skin Type: _____ (Oily or Dry)



Natural Color	Intensified	Dramatic	Special Occasion
Peach	Lemon/Pear	Cherry/Berry	Grape
Pear	Peach/Lemon	Cherry/Berry	Grape
Lemon	Peach/Pear	Grape/Berry	Cherry
Cherry	Grape/Berry	Peach/Pear	Lemon
Berry	Grape/Cherry	Pear/Peach	Lemon
Grape	Cherry/Berry	Lemon/Pear	Peach

Lips

- Fillers: yes _____ no _____

Hair

- Natural Color: _____
- Texture: _____
- Color: yes _____ no _____
- Highlights: yes _____ no _____

Others

- Permanent Makeup: yes _____ no _____