



## Reaction Report and Questionnaire

In the case of an unlikely allergic reaction or other reaction from an IMAGE product or peel, please answer the following questions fully and return this form to IMAGE Skincare .

### PLEASE COMPLETE THE FOLLOWING:

Date of Complaint: \_\_\_\_\_

Name of Spa/Salon or Doctor's office: \_\_\_\_\_

Name of Therapist: \_\_\_\_\_

### DETAILS OF PRODUCT REACTION:

Please describe in detail the nature of the reaction in the space below.

### PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1) Name of product(s) used: \_\_\_\_\_
- 2) Lot number and Expiry date: \_\_\_\_\_
- 3) Was the Client Questionnaire filled out completely before treatment? \_\_\_\_\_
- 4) Was a full skin consultation performed prior to treatment? \_\_\_\_\_
- 5) Did the client indicate any known allergies? \_\_\_\_\_
- 6) What medications/vitamins/supplements is the client taking? \_\_\_\_\_
- 7) Has the client ever had a reaction to a product/peel before? \_\_\_\_\_
- 8) If yes, please explain previous reaction: \_\_\_\_\_
- 9) Did client show signs of any kind of skin condition such as dermatitis, eczema, acne, rosacea, cold sores, sunburn, etc.? \_\_\_\_\_
- 10) When the reaction occurred was the client using any other cosmetic products from IMAGE or other lines? Please Explain: \_\_\_\_\_

PLEASE DESCRIBE IN DETAIL YOUR CONVERSATIONS WITH THE CLIENT CONCERNING THE REACTION AND RECOMMENDATIONS MADE FOR RESOLUTION:

(Please note dates of conversations, homecare, post-treatment, clients actions such as hobbies, exercise, sun exposure, etc.)

Client Signature/Date: \_\_\_\_\_

Therapist Signature/Date: \_\_\_\_\_

IMAGE Skincare Representative: \_\_\_\_\_