

Date	
Salon Name	
Contact Person	
Contact Number	
Email Address	
Key Account Manager	
Consumer details	
Name	
Age	
Contact Number	
Email Address	



Product Reaction

Thank you for helping us learn more about how sensitive skins react. This information will guide us in making improvements where we notice patterns in the occurrence of reactions and be held confidential.

Product Details	
What product/s did you react to?	
Where did you purchase the product?	
Batch number (e.g. AUG20)	
Expiry date (e.g. 18AGJ)	
Reaction Details	
Where did the reaction occur?	
Describe how your skin felt	
Describe how your skin looked	
How long did the reaction last for?	
Did the reaction occur immediately on application of the above product?	
Did the reaction occur after a few days of using the product?	
Are you using any other brands products? If yes, please say which	
If the reaction occurred around the eye area please answer the following:	
1. Do you use mascara?	
2. How old is your mascara?	
Which shampoo do you use and how long have you been using this specific product?	

Have you previously reacted to skin care products?	
If yes, please state which products you previously reacted to	
Please list any know allergies you have be they food, metal, plants, fabrics, fragrance, colourings, medication etc.	
Please list all medication you are currently taking, including any topically applied creams or medication	
List any recent cosmetic or surgical procedures that you have had	
Please list the products you use and include the brand name	
Make-up remover	
Cleansers	
Toners	
Moisturisers	
Exfoliators	
Masks	
Serums	
Eye creams	
Sunscreen	
Foundation	
Shampoo	
Hair styling agents	
For office use only	
Product checked by	
Date	
Comments	
Other	