

PRIORI® Skin Analysis Form



CONSUMER NAME..... DATE.....

ADDRESS

PHONE EMAIL ADDRESS

AGE DOB..... FEMALE / MALE (circle one)

What particular issues are you presently experiencing with your skin that you would like to address with PRIORI® Skincare Treatments?

.....
.....

SKIN CONDITION

Do you have any of the following?

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Sensitive Skin |
| <input type="checkbox"/> Dandruff | <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Sensitive Eyes |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Dry Skin | <input type="checkbox"/> Acne |
| | | <input type="checkbox"/> Herpes, cold sores or fever blisters |

Are you presently using or taking prescription medications for a skin condition, medications such as Roaccutane, Isotrex, Retin-A, Antibiotics, Corticosteroids, etc.?

.....

Have you taken any of these medications for a skin condition in the past?

Do you have any other skin conditions? Please explain:

.....

SAFETY

Are you allergic to or ever have had any adverse reactions to medications? If yes, what type?

.....

Are you allergic to or ever had any adverse reactions to cosmetics, foods, clothing, soaps, shampoos, hair dyes, perfumes or jewellery? Yes No

If yes, to what:

Are you allergic to Hydroquinone? Yes No Don't Know

Are you currently taking medications? If yes, what kind?

Have you had any medical/health problems occur recently?

LIFESTYLE

Did you go on vacation or holiday recently, where your skin faced a dramatic climatic change? (Sun, Snow, Wind, etc) Yes No

If yes, please explain:

Have you recently had any change in your diet, life style, beauty regimen, etc? Yes No

If yes, please explain:



PRIORI® Skin Analysis Form



Have you used active skincare products in the past, or are you presently using active skincare products such as Alpha Hydroxy Acids or Retinol?

When sick would you: Use conventional medications Try natural remedies first.

When exercising would you: Go to the Gym/Walk/Run Outside Practice Yoga/Pilates

The skincare specialist has explained to me the above indications and contraindications of the PRIORI® treatment to be performed on my skin, which I fully understand. I agree this series of treatments can be performed by the skincare specialist. I understand that a mild redness and/or irritation may occur. This is a temporary reaction that will subside. I understand that I must wait 24 hours after each treatment (or longer until redness and/or irritation has completely subsided) before resuming the use of PRIORI® home-care products that contain AHAs, BHAs or Vitamin A. I understand that to obtain maximum results from the peels I must have a series of treatments (generally 6) and use in conjunction with a PRIORI® home-care program. I understand that due to the variable nature of the human skin, no guarantee can be made to me regarding the results of this treatment.

CLIENT'S SIGNATURE:

CLIENT'S NAME:

