**Alerģijas pieteikuma forma**

*Produkcijas kvalitāte – viena no galvenajām Oriflame Cosmetics prioritātēm. Tieši tādēļ mēs būsim pateicīgi, ja Jūs rūpīgi aizpildīsiet šo anketu, lai mēs varētu detalizēti izmeklēt konkrēto alerģiju, tās cēloņus.*

**Formas aizpildīšanas datums**: \_ \_: \_ \_: \_ \_ \_ \_

**Produktu kods Nosaukums Partijas numurs**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Patērētājs:**

Vārds, uzvārds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Konsultanta kods, pavadzīmes numurs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dzimums: \_\_\_ Sieviete \_\_\_Vīrietis Vecums: \_\_\_\_\_\_\_

**Produktu pielietojums:**

Lietošanas ilgums (dienas, stundas):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apraksts kā produkts tika lietots: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vai šis produkts (ja tāds bija lietots agrāk) izraisīja kādu alerģisku reakciju? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vai kopā ar produktu tika lietota kāda cita kosmētika? (ja ir, lūdzu, uzrakstiet kādu tieši): \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lietošanas rezultāts:**

Problēmas nopietnība, simptomi: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cik ilgi simptomi turpinājās? \_\_\_\_\_ (dienas, stundas).

Kāda ķermeņa daļa tika skarta? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vai pēc produkta lietošanas simptomi beidzās? \_\_\_\_\_\_\_\_\_\_\_\_ Pēc cik ilga laika? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagonoze, ja tāda ir (no ģimenes ārsta, veselības centra u.c.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Piezīme: ja tas ir iespējams, lūdzam pievienot anketai fotogrāfiju, kur ir redzama reakcija