## **BELLA DE AQUA SKIN CARE**

☐ Breast Augmentation☐ Breast Reduction

☐ Liposuction☐ Tummy Tuck☐

## **CONFIDENTIAL CONSULTATION**

AMELAST	MIDD	I F	FIRST	DA	ATE				
				DI	DTUDAY				
DDRESS				BIRTHDAY_					
HONE				REFERRED BY					
MAIL		THERAPIST							
	MATERIAL STREET		FACIAL A	NALYSIS					
*For an effective persor	nalized treatment, please b	4. Have you recently received any of the following spa services?							
1. Skin Type				☐ Microdermabrasion Date					
□ Normal □ Dry	□ Sensitive □ Combination □ Oily □ Very Sensitive / Rosacea □ Mature			<ul><li>☐ Enzyme Peels</li><li>☐ Acid Peels</li></ul>		Date			
⊒ Sensitive / Breakou ⊒ Acne				☐ Waxing Services		Date Date			
					ny of the fall				
. What are your pre Please check all that ap	sent skincare concerns		<ol><li>Have you received any of the following medical or surgical procedures?</li></ol>						
Acne Lesions (cysts)	☐ Papule (inflamed)	☐ Blackhea	ads	Rhytidectomy (face lift	:)	Date			
Acne Scars	☐ Pustules (inflamed)			Rhinoplasty (nose)		Date			
Dilated Capillaries	☐ Ingrown Hairs	☐ Enlarged	d Pores	☐ Blepharoplasty (eye li	rt)	Date			
Hyperpigmentation	(brown spots from sun, scar	s, hormonal)		<ul><li>□ Laser Resurfacing</li><li>□ Dermabrasion</li></ul>		Date			
ye Area				☐ Medical Acid Peels		Date Date			
Crows Feet / Wrinkl	es 🗆 Puffiness			☐ Collagen Injections		Date			
Lack of Elasticity	□ Dark Shadows			Restylane Injections		Date			
				☐ Botox® Injections		Date			
outh Area				□ Retin-A		Date			
Wrinkles	☐ Nasolabial Folds	☐ Nasolabial Folds ☐ Hyperpigmentation			☐ Other Date  6. Do you use any of the following products?				
neek Area									
Lack of Elasticity		☐ Cross Wrinkles (sun damage)		☐ Eye Make-up Remove☐ Cleanser	er	Brand Brand			
Hyperpigmentation				☐ Toner		Brand			
Dilated Pores	☐ Visible Capillaries			☐ Moisturizer		Brand			
eck and Décolleté A	rea			□ Exfoliator		Brand			
Lack of Elasticity	☐ Wrinkles			■ Mask		Drand			
Severe Sun Damage	☐ Hyperpigmentation	n		☐ Make-up					
How often do you				☐ Sunscreen Brand					
Regularly	□ Seldom	□ Never		7. If you could improve on thing about your skin, what would it b					
							Average		
	STATE NAME OF		BODY AN	IALYSIS					
8. What are your present concerns?				12. Do you use any of the following products?					
Please check all that apply				□ Body Scrub		Brand			
ry and/or Flaky Skir I Arms	Elbows	2 <b>S</b> †	<b>□</b> Back	<ul><li>□ Body Wash / Soap</li><li>□ Body Moisturizer</li></ul>		Brand Brand			
	Knees		_ Dack	☐ Body Moisturizer ☐ Body Firming Cream		Brand			
ily Skin and/or Brea				☐ Exfoliator		Brand			
	Chest			☐ Bath Salt		Brand			
oss of Elasticity and Firmness			13. How often do you receive body treatments?						
		Torso		□ Regularly	□ Seldom		Vever		
oss of Elasticity and				14. How often do you r			lovor		
oss of Elasticity and Breasts	Inner Thighs			☐ Regularly	☐ Seldom		Never		
Breasts Buttocks				15 What massage proc	cure de vou	rotori			
oss of Elasticity and Breasts Buttocks  ellulite	Inner Thighs Stomach	tocks [	☐ Thighs	15. What massage pres					
oss of Elasticity and Breasts Buttocks Cellulite Back of Arms	Stomach 🚨 But	tocks [	☐ Thighs	☐ Light	☐ Medium	□ F	Firm		
oss of Elasticity and Breasts Buttocks Cellulite Back of Arms Clist all areas of mu	Stomach				☐ Medium	□ F			
oss of Elasticity and I Breasts  I Buttocks  I Back of Arms  I List all areas of mu  O. List all areas of in	Stomach 🚨 But	and sprains, m		☐ Light	☐ Medium	□ F			

## **GENERAL HEALTH RECORD**

	ou ever been diagnosed	d with any of the follow	wing skin	23. Have you ever been diagnosed with any of the following?						
18. Do you	Seborri S Skin Ca (fungal infection)  J suffer from allergies?	ncers Rosa	cea act Dermatitis	☐ Anxiety ☐ Depressi ☐ Migraine ☐ Asthma ☐ Sinus Pro ☐ High Bloo	S	□ Cancer □ Diabetes □ Thyroid □ Epilepsy □ Heart Problems □ Low Blood Pressure	□ Hemophilia □ Hepatitis □ Herpes □ HIV □ Other			
□ No	tic ingredients, food, iodine, n	redications, hay fever, latex		24. Do any of the following apply to you?						
	u currently undergoing	-		☐ Smoke ☐ Eat Spicy Foods		☐ Exercise ☐ Wear Contact Lenses				
□ No		ease specify)		25. When exposed to the sun, do you?						
20. Are yo	u currently taking any i			☐ Burn Easily ☐ Tan Easily ☐ Never Burn ☐ Never Tan						
□ Interna	l:			26. How often do you consume alcohol?						
☐ Topical:				☐ Regularly ☐ Seldom ☐ Never						
-				27. How many glasses of water do you consume daily?						
21. Have you ever been prescribed Accutane®?				□ 1-2		□ 3-5	□ 6-8+			
	ast date of use?			28. For Women Only						
☐ Prosthes	u have any body implant sis			☐ Regular M☐ Pregnant☐ Lactating		☐ Menopause ☐ Birth Control Pill ☐ IIID (control prill)				
a other (p	nease explain)			☐ Lactating ☐ IUD (copper or plastic) ☐ Hormonal Problems			pper or plastic)			
		SKIN ANA	LYSIS (PROFE	SSIONAL	LISE ONLY	7				
		PROFES	SSIONAL REC	OMMEND	ATIONS					
5.475	T05.4T	AFNITC	THERADICT	DATE		LIOME CARE	THERADICT			
DATE	TREATM	VIENTS	THERAPIST	DATE		HOME CARE	THERAPIST			