

# La Bella Dona

## Skin Assessment

### **Section A - Client Information:**

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail \_\_\_\_\_

Would you like to receive e-mails from us? (specials, news, etc.?) circle one, Y or N

Phone: h (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_, c (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_, cell provider, \_\_\_\_\_  
w (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

A referral is the greatest compliment. Please let us know who referred you to La Bella Dona.

Referred by: \_\_\_\_\_

### **Section B - Skin Care:**

Are you currently under the care of a dermatologist or physician for your skin? Circle one Y or N

If yes, please explain why? \_\_\_\_\_

Have you previously had any of the following treatments & date of last treatment:

Chemical Peel: Y N Date \_\_\_\_\_

Laser Resurfacing: Y N Date \_\_\_\_\_

Dermabrasion: Y N Date \_\_\_\_\_

Microdermabrasion: Y N Date \_\_\_\_\_

Phototherapy: Y N Date \_\_\_\_\_

Facial surgery: Y N Procedure \_\_\_\_\_ Date \_\_\_\_\_

Botox or facial filler: Y N Procedure \_\_\_\_\_ Date \_\_\_\_\_

Any aggressive facial exfoliation in the last 2 weeks? Y N Date \_\_\_\_\_

Are you currently or have you previously been prescribed any of the following & last date administered:

Accutane: Y N Date \_\_\_\_\_ & Dosage \_\_\_\_\_

Retin-A: Y N Date \_\_\_\_\_ & Frequency \_\_\_\_\_

Hydroquinone: Y N Date \_\_\_\_\_ & Frequency \_\_\_\_\_

Other(any topical medication Rx or OTC): Y N Date \_\_\_\_\_ & Type \_\_\_\_\_

How do you presently care for your skin:

Are you cleansing your face morning and evening? Y N

Do you use a washcloth or sponges on your face? Y N

### **Section C - Medical History:**

**Have you ever been diagnosed with an infectious disease (HIV, Hepatitis A or Hepatitis B, etc) Y N**

Have you ever had a "cold sore": Y N, if yes, when \_\_\_\_\_

Do you currently take any medications or supplements: Y N

If yes, please list here: \_\_\_\_\_

Do you have *any known allergies*: Y N

Do you experience allergic reactions(irritation, swelling, hives, etc.) to any of the following:

Cosmetics: Y N, if yes which brand \_\_\_\_\_

Fabrics: Y N, if yes which type \_\_\_\_\_

Other: Y N, if yes, explain  
If yes, please list all allergies: (this includes medications, aspirin, food, etc.)

Has anyone in your family ever been diagnosed with skin cancer: Y N, if yes please explain  
Who, when & anatomical location \_\_\_\_\_

Are you currently seeing a physician for *any* reason: Y N, if yes please explain Dr.'s  
Name: \_\_\_\_\_ & Reason for medical attention: \_\_\_\_\_

\*Do you wear contact lenses? Y N

**Section D - Lifestyle:**

Do you smoke? Y N How much? \_\_\_\_\_  
Do you consume alcohol? Y N How much? \_\_\_\_\_  
Do you have a healthy diet? Y N List any dietary concerns \_\_\_\_\_  
Do you exercise? Y N How much? \_\_\_\_\_ What type? \_\_\_\_\_  
Do you drink water? Y N How many glasses per day? \_\_\_\_\_

**Section E - For Women Only:**

Do you have regular periods? Y N  
Are you going through menopause? Y N  
Are you pregnant or lactating? Y N  
Have you ever been pregnant? Y N  
Are you trying to become pregnant? Y N  
If yes, during pregnancy did you ever experience hyperpigmentation or a "pregnancy mask"? Y N

**Section F - Skin Type:**

How do your tan, circle one that applies best:  
*always burn, usually burn, sometimes burn, rarely burn, never burn- "brown", never burn- "black"*  
How would you consider your skin on a day to day basis, circle one that applies best:  
*Oily with acne, sensitive to intolerant, dry to severely dry, prematurely aged, normal to combination*  
If you experience acne or breakouts what do you experience, circle all that apply:  
*pimples, whiteheads, blackheads, enlarge pores, acne scars, cysts*  
Do you only experience breakouts during or around your menstrual cycle? Y N  
Do you always have a pimple or some type of breakout? Y N

**\* To customize your facial and provide you with exceptional service, it is VERY important that you let us know HOW WOULD YOU LIKE TO IMPROVE YOUR SKIN\***

1.) \_\_\_\_\_  
2.) \_\_\_\_\_

**And what specific area(s) gives you the cause for most concern? Circle all that apply:**  
*Face, Neck, Chest, Back, Other*

**Client Signature:**  
\_\_\_\_\_

**Date:**  
\_\_\_\_\_

**Esthetician's Signature:**  
\_\_\_\_\_

**Date:**  
\_\_\_\_\_

In the event that you and your esthetician decide to do one of the three peels: (micro peel, micro peel plus, LHA or ViPeel, it is important to understand that even though the chances are slim, there could always be adverse effects. I \_\_\_\_\_ (int.) understand that while the benefits of the peels are to smooth fine lines, help with skin discoloration, reduce the appearance of acne scars and environmental damage to the skin, there could be risks in rare cases, that may occur in connection with this particular procedure.

The foregoing list is not intended to be a complete or exhaustive list of all possible problem or complications, which may arise as a result of the Clinical procedure. Should one or more of the foregoing complications arise, please notify us immediately.

**Discomfort:** is generally minimal and subsides after a sort duration

**Swelling:** is unusual, but if it occurs, it will be minimal. Swelling subsides in a few hours to a few days

**Reddening:** or a red discoloration may persist anywhere from a few days to several weeks

**Demarcation:** is a difference in color, texture, pigmentation that may occur at the junction between the treated and non-treated skin areas. This is unusual with epidermal Clinical procedures

**Existing Blemishes:** or moles, blood vessels (telangiectasias), freckles and sun spots may become more obvious and darker since layers of dead skin have been removed

**Eye Injury:** caused by chemical getting into the eye, scarring and vision disturbances may occur. Protective safety goggles are recommended to be worn by you, the client, while chemicals are being used during all Clinical procedures

**Scarring:** is very unusual, but may occur

**Pigmentation:** is rare and usually temporary. Possible permanent changes in the color of the skin could occur

**Milia:** may occur, but will usually disappear quickly

**Infection:** is extremely unlikely, but may happen. An outbreak of herpes may occur in effected individuals (if you are prone to cold sores, ask your physician for medication)

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**Signature**