



la vita bella day spa

Massage & Facial Information

Name _____ Phone (h) _____ (m) _____

Address _____

Email _____ Birthdate _____

How did you discover us? _____

1) In the last year, have you been under a dermatologist or physician's care? Yes _____ No _____

2) In the last year, have you undergone any surgery? Yes _____ If 'yes', please explain _____ No _____

3) Please list any health problems: _____

4) Have you had any dental x-rays in the last 6 months? Yes _____ No _____

5) List all medications, supplements, vitamins, diuretics that you regularly take: _____

6) Do you have any special skin problems concerning your face or body? Yes _____ No _____

If 'yes', please explain: _____

7) Do you use Retin A, Renova, Adapalene or any other prescribed skin products? Yes _____ No _____

If 'yes', please explain: _____

8) Do you burn easily in moderate sunlight? Yes _____ No _____

9) Do you have a tendency to redness? Yes _____ NO _____

10) Do you ever experience a burning, itching sensation to your skin? Yes _____ No _____

11) Do you ever experience any of the following conditions to your skin:

Flakiness _____ Tightness _____ Obvious Dryness _____

12) Are you currently using any products containing the following:

Glycolic Acid _____ Lactic Acid _____ Exfoliating Scrubs _____ Vit A derivatives _____

13) Do you experience an oily shine? Yes _____ No _____

14) Do you experience skin breakouts? Yes _____ No _____

15) In the last month, have you had any chemical peels, microdermabrasions or resurfacing treatments?

Yes _____ No _____

16) Do you have allergies to any of the following:

Seaweed _____ Iodine _____ Hydroxy Acids _____ Fragrance _____ Sunscreens _____

Other _____

17) Do you smoke? Yes _____ No _____

18) Do you wear contact lenses? Yes _____ No _____

19) Do you have any metal implants, a pacemaker or body piercings? Yes _____ No _____

20) Have you ever experienced claustrophobia? Yes _____ No _____

21) Are you pregnant or lactating? Yes _____ No _____

22) Are you a diabetic? Yes _____ No _____

23) Do you have high blood pressure? Yes _____ No _____

Consent: I, _____, confirm to the best of my knowledge that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment.

I understand that 'la vita bella day spa' is not responsible for any problems that may occur during any treatment if using any topical or oral, prescribed or over the counter medications.

Signature: _____ Date _____