



Patient Name: \_\_\_\_\_ M\_\_ F\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Emergency Contact: (Name & Phone): \_\_\_\_\_  
 How did you hear about Bella Luz: \_\_\_\_\_

**Chief Complaint:**

- lines/wrinkles  loose skin  pigment issues  texture  tone  acne  scarring
- Product suggestions  general consultation  rosacea/redness  large pores  volume loss
- Unwanted facial hair  unwanted body hair  spider veins

**Current Medications/Supplement**

- 1. \_\_\_\_\_ 4. \_\_\_\_\_ 7. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_ 8. \_\_\_\_\_
- 3. \_\_\_\_\_ 6. \_\_\_\_\_ 9. \_\_\_\_\_

**History of Isotretinoin use within the last 12 months?**  Yes  No **Date Discontinued:** \_\_\_\_\_

**Allergies**

- NKA  Cow Milk  Eggs  Animal Proteins: \_\_\_\_\_  History of Anaphylaxis or Multiple Severe Allergies
- Aspirin  Citrus  Allergy to gram-positive bacteria  Latex  "Caines"  Hydrocortisone  Tree Nuts

**Drug Allergies & reactions:** \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_ **Other Allergies:** \_\_\_\_\_

**Preferred Pharmacy & Location:** \_\_\_\_\_

**Hospitalization/Surgeries**

- 1. \_\_\_\_\_ 2. \_\_\_\_\_

**General Health**

Are you pregnant or trying to become pregnant?  Yes  No Are you currently breastfeeding  Yes  No  
 Received COVID injection?  Yes  No Manufacturer: \_\_\_\_\_ 1<sup>st</sup> date: \_\_\_\_\_ 2<sup>nd</sup> date: \_\_\_\_\_  
 Reactions from injection: \_\_\_\_\_  
 Any dental work in the previous or upcoming 2 weeks?  Yes  No Describe: \_\_\_\_\_

**Medical History**

- |                            |                        |                              |
|----------------------------|------------------------|------------------------------|
| Anemia                     | Arthritis              | Artificial Joint: _____      |
| Asthma/COPD                | ADD/ADHD               | Bleeding disorder: _____     |
| Allergies/Hay Fever        | Back Pain/Problems     | Cancer (not skin): _____     |
| Cold Sores/Herpes Simplex  | Cardiac Disease        | Diabetes                     |
| Fibromyalgia               | Glaucoma               | Headache/Migraines           |
| High Blood Pressure        | High Cholesterol       | HIV/AIDS                     |
| Kidney disease             | Liver problems         | Multiple Sclerosis           |
| Osteoporosis/osteopenia    | Pacemaker/Defibillator | PCOS                         |
| Reynaud's Disease          | Seizure Disorder       | Thyroid condition (low/high) |
| Autoimmune Disorder: _____ |                        | TIA/Stroke                   |
|                            |                        | Depression/Anxiety           |
|                            |                        | Heart Murmur                 |
|                            |                        | Hepatitis B or C             |
|                            |                        | Myasthenia Gravis            |
|                            |                        | Reflux                       |

Other: \_\_\_\_\_

Presence of metal implants: \_\_\_\_\_

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### Aesthetic Treatment History

Any previous facial surgery?  Yes  No If yes, describe \_\_\_\_\_

History of Keloid/Hypertrophic scarring?  Yes  No

Bruise easily?  Yes  No

Have you ever experienced eyelid droop after Botulinum Toxin?  Yes  No

Do you get lightheaded or pass out easily, especially with injections?  Yes  No

Have you ever experienced complications with Botulinum Toxin or Fillers?  Yes  No

Describe: \_\_\_\_\_

Most recent Botulinum Toxin: \_\_\_\_\_ Product: \_\_\_\_\_ Date: \_\_\_\_\_

Most recent Fillers: Product: \_\_\_\_\_ Area: \_\_\_\_\_ Date: \_\_\_\_\_

## **ASSESSMENT: FOR OFFICE USE ONLY- DO NOT COMPLETE ANYTHING BELOW**

### Skin:

Acne/Cysts (Facial/Body)

Alopecia

Complexion-Dull

Even Skin Tone in TX area

Facial Rhytids- Static

Facial Rhytids –Dynamic

Facial Volume Loss

Hyperhidrosis

Hyperpigmentation

Hypopigmentation/ Vitiligo

Infection in Treatment Area

Keratosis  
(Actinic/Pilaris/Seborrheic)

Lentigines

Lichen Sclerosis

Madarosis

Melasma

Rash/Hives

Rosacea

Scarring/Keloid/Hypertrophic

Skin Laxity

Submental Fullness

Telangiectasias

Unwanted facial/body hair

### Eyes:

Lid Ptosis:  Yes  No  Right  Left  Bilateral

Brow Ptosis:  Yes  No  Right  Left  Bilateral

Vision:  Normal  Blurred

Wears corrective lenses  Yes  No

### Glogau Classification of Photoaging

Type 1- No lines/wrinkles, early photo-aging, mild pigment changes, no age spots (Age 20s to early 30s)

Type 2- Dynamic rhytids, palpable but not visible keratosis, moderate photoaging, skin pores more prominent, early changes in skin texture, static NLF begin to show (Ages 30s-40s)

Type 3- Static rhytids, prominent brown pigmentation, telangiectasias, advanced photoaging, visible keratosis (Age 50+)

Type 4- Rhytids globally, skin color yellowish/grey, precancerous skin changes, prior skin cancers, severe photo-aging (age 60s-70+)

### Endocrine:

At Desire Weight

Increased Abdominal Girth

Desires Weight Loss

Mood Changes

Fatigue

Unstable Body Temperature

### GU:

Deferred

Sexual Dysfunction

Dribbling

Stress Incontinence

Dyspareunia

Vaginal Atrophy/Dryness

