

**Belle Mia Laser & Skincare Center**

**Patient Intake Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us?

Website: \_\_\_ Facebook: \_\_\_ Instagram: \_\_\_ Friend: \_\_\_\_\_ Other: \_\_\_\_\_

What are your reasons for visiting Belle Mia Med Spa? (Circle all that apply)

Better Tone/ Texture/ Elasticity	Collagen Stimulation	Dermal Fillers	Hair Reduction
Broken Capillaries/ Rosacea (red cheeks)	Acne/ Acne scar concerns	Fine Lines/ Wrinkles	Microdermabrasion/ Facials/ Microneedling
Cellulite Reduction	Botox/ Dysport	Minimize Hyperpigmentation (Brown Spots)	Sclerotherapy
Body Contouring	Tattoo Removal	IPL	Other:

**Medical History**

Current/ Past Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Are you pregnant? \_\_\_\_\_ Breastfeeding? \_\_\_\_\_

Do you bruise easily? \_\_\_ yes \_\_\_ no Do you scar easily? \_\_\_ yes \_\_\_ no

Do you smoke? \_\_\_ yes \_\_\_ no Do you drink alcohol? \_\_\_ yes \_\_\_ no

**Review of Systems**

*Constitutional* fever \_\_\_ yes \_\_\_ no *Gastrointestinal* nausea/ vomiting \_\_\_ yes \_\_\_ no  
weight change \_\_\_ yes \_\_\_ no blood in stool \_\_\_ yes \_\_\_ no

*Hematologic* blood clots \_\_\_ yes \_\_\_ no *Genitourinary* urinary infections \_\_\_ yes \_\_\_ no  
bleeding \_\_\_ yes \_\_\_ no incontinence \_\_\_ yes \_\_\_ no

*Respiratory* tuberculosis \_\_\_ yes \_\_\_ no *Skin/ Keloids* infections \_\_\_ yes \_\_\_  
no pneumonia \_\_\_ yes \_\_\_ no lesions/ ulcers \_\_\_ yes \_\_\_ no

asthma                    \_\_\_ yes \_\_\_ no

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<i>Cardiovascular</i>	chest pain	___ yes ___ no	<i>Neurologic</i>	seizures	___ yes ___ no
	hypertension	___ yes ___ no		paralysis	___ yes ___ no
	shortness of breath	___ yes ___ no			

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<i>Ears</i>	hearing change	___ yes ___ no	<i>Psychiatric</i>	depression	___ yes ___ no
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<i>Eyes</i>	visual change	___ yes ___ no	<i>Endocrine</i>	diabetes	___ yes ___ no
				thyroid problem	___ yes ___ no

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<i>Nose</i>	sinus problems	___ yes ___ no	<i>Mouth</i>	dental problems	___ yes ___ no
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Have you seen a dermatologist for your current skin care complaints? If so, why \_\_\_\_\_  
How would you describe your skin? Please circle the one you think applies at the moment.

- Oily - large pores, always oily/shiny
- Combo oily - medium pores, oily T-zone oil with dry perimeter
- Dry - small pores, flaky, tight, sallow skin
- Sensitive - frequent redness, sun sensitive, product sensitive
- Mature skin - loss of elasticity, hormonally dry/ oil variance, fine lines & wrinkles

### Skin Procedure History

Have you ever had any of these procedures or treatments before? (Please circle all that apply)

Facial/Body Plastic Surgery — if so; please list: \_\_\_\_\_

Microdermabrasion      Dermaplaning      Laser Hair Removal      Body Contouring

Sclerotherapy

Chemical Peels      Injections      Fillers      IPL      Microneedling      Laser Skin Rejuvenation

Please describe your daily skin care regimen.

	Product(s) Used	Frequency (times a day)
Cleanser		
Day Cream		
Eye Cream		
Night Cream		
Toner		
Sunscreen		
Exfoliation		
Other		

## Cancellation Policy

It would be greatly appreciated if appointments needing to be cancelled, rescheduled, or the type changed, be done 24 hours prior to appointment time. If this is not done a 50% deposit may be required to reschedule the appointment.

I understand that the results are not guaranteed. There are many variables that are beyond our control that affect the procedure outcomes, especially individual expectations. We maintain our equipment and continue staff education and training regarding technique. There are times when the human body does not respond as well as we would like. Lifestyle choices, diet, exercise, hydration, prior skin damage, sun exposure and many other factors affect the final results. All of our patients are unique and have unique needs and expectations. Please discuss your treatment expectations with us prior to your treatment because there are no refunds.

Thank you for selecting Belle Mia Laser and Skincare Center for your health needs. We are honored to be of service to you and your family. This is to inform you of your billing requirements and our financial policy. Please be advised that payment for all services will be due at the time services are rendered, unless prior arrangements have been made. WE DO NOT ACCEPT CHECKS.

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I have read and understand all the above and have agreed to these statements.

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Patient's Signature

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Date