

*Bellissima*  
*Aesthetics &*  
*Wellness Spa*

DAVIS PROFESSIONAL PARK  
BUILDING 6 STE 29  
5225 NESCONSET HIGHWAY  
PORT JEFFERSON STATION, NY 11776  
(631) 921-0030 TRICIA  
(516) 325-0531

Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Sex: M / F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
HAIR COLOR: \_\_\_\_\_ SKIN TYPE (CIRCLE ONE): I II III IV V VI  
ALLERGIES: \_\_\_\_\_

PRESENT MEDICATIONS: (Accutane, Antiviral, Photosensitizers, Other):  
\_\_\_\_\_

PRESENT OR PAST MEDICAL CONDITIONS:  
\_\_\_\_\_

HISTORY OF KELOIDS/HYPERTROPHIC SCARS:  
\_\_\_\_\_

ANY OTHER DERMATOLOGIC OR SKIN CONDITIONS:  
\_\_\_\_\_

HISTORY OF PCOS, OR OTHER HORMONAL CONDITIONS:  
\_\_\_\_\_

PREVIOUS LASER TREATMENTS (Laser Type, Procedure, and any Complications):  
\_\_\_\_\_

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MOST RECENT DATE OF: Waxing \_\_\_\_\_ Plucking \_\_\_\_\_ Electrolysis \_\_\_\_\_

OTHER INFORMATION:

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**Recommended Treatment Plan**

<b>Area to be Treated</b>	<b>Estimated Individual Treatment Time</b>	<b>Estimated Treatments Required</b>	<b>Frequency</b>

I certify that the above information is correct and that the treatment plan has been agreed upon.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
**(Patient or person authorize to consent for patient)**