



We love referrals!
For every person you refer to us
you get \$10 in spa bucks!

Name _____

Date of Birth ____/____/____

Address _____

Phone _____

Email: _____

Would you like to receive coupons from Tres' Bella? _____

Occupation: _____

How did you hear about Tres' Bella? Website Newspaper Radio Other _____

Would you like to receive appointment confirmations via: email or text message wireless carrier _____

Facial Questionnaire

Skin type:

- Normal Acne Dry Sensitive Combination Sensitive/Breakout
 Very Sensitive/Rosacea Mature Oily

What are your present skincare concerns? Please check all that apply:

- Acne Lesions (cysts) Dilated Capillaries Papules (inflamed) Ingrown Hairs
 Acne Scars Pustules (inflamed) Blackheads Hyperpigmentation Enlarged Pores

How often do you receive a facial? Regularly Seldom Never

If you could improve one thing about your skin, what would it be? _____

What massage pressure do you prefer? Light Medium Firm

Have you ever been diagnosed with any of the following skin disorders?

- Acne Seborrhea Eczema Rosacea
 Psoriasis Skin Cancers Contact Dermatitis Mycosis (fungal infection)

Do you suffer from any allergies? (cosmetic ingredients, food, iodine, medications, hay fever, latex)

- No Yes (please specify) _____

Are you currently taking any medications, herbs, vitamins?

Internal: _____

Topical: _____

Have you ever been prescribed Accutane? No Yes, date last used _____

I understand that the service providers are not trained in the diagnosis and treatment of disease. I confirm that I have a medical doctor for all the conditions listed above and have been authorized to receive therapeutic massage or facial. By signing this release, I do hereby waive the massage therapist and Tres' Bella from all liability.

Signature _____ Date _____