



CIRILLO  
COSMETIC  
DERMATOLOGY SPA

Cosmetic Dermatology  
CIRILLO INSTITUTE

## Welcome Form

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Client Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone\* (\_\_\_\_) \_\_\_\_\_  
 Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Occupation \_\_\_\_\_  
 eMail\* \_\_\_\_\_ Employer \_\_\_\_\_  
 Gender Female \_\_\_ Male \_\_\_  
 Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 How did you hear about us? (Check all that apply - **NEW clients only please**)  
 Referral (physician name) \_\_\_\_\_ Website \_\_\_\_ (CirilloCosmetic.com)  
 Referral (family/friend name) \_\_\_\_\_  
 Print Advertisement \_\_\_\_ Internet \_\_\_\_ Social Media \_\_\_\_ Other \_\_\_\_\_

### Health History

Allergies \_\_\_\_\_  
 Medicines you take regularly \_\_\_\_\_  
 Medical Conditions \_\_\_\_\_  
 Surgeries \_\_\_\_\_  
 Family History of Melanoma \_\_\_\_\_  
 Pacemaker Y / N      Seizures Y / N      Cold Sores/Herpes Y / N      Knee/Hip Replacement Y / N

### Cosmetic History

Please list all prior cosmetic treatments and surgeries you have had: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Current skin care regimen \_\_\_\_\_  
 \_\_\_\_\_

### Authorization to Disclose Protected Health Information (PHI)

Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
 Phone Numbers: Cell (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

\*By providing my email address and mobile phone number, I give BMSC permission to send me appointment reminders, practice newsletters, and online review requests. I understand that I may opt-out at any time, and that BMSC will never sell or share my email/mobile with any external entity. Appointment reminder eMails are HIPAA compliant, and all texts are encrypted and HIPAA compliant to protect your privacy. Normal SMS charges apply. Check to opt-out of appointment reminder/newsletter eMail. [ ]      Check to opt-out of appointment reminder/online review text. [ ]



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**AREAS OF INTEREST** (please circle)

**COSMETIC / AESTHETIC**

**INJECTABLES**

- Asclera®** Sclerotherapy for Leg Vein Reduction
- Fillers** Wrinkle reduction and volume restoration
- Kybella™** Reduction of excess fat beneath the chin
- “Liquid” Facelift** Combination of fillers, neuromodulators
- Neuromodulators** Wrinkle reduction with BOTOX® / Dysport® / Xeomin®
- PRP** Platelet Rich Plasma for Hair Loss and Skin Rejuv.

**LIGHTS, LASERS AND RADIOFREQUENCY**

- Acne, Rosacea, and Pore Size Reduction**
- Brown Age and Sun Spot Removal**
- Facial Redness Reduction**
- Hair Removal**
- Skin Texture Refinement**
- Skin Tightening**
- Tattoo Removal**
- Vascular Lesion Removal**
- Wrinkle Reduction**

**REJUVENATION REGIMENS**

- Combination of lights, lasers, radiofrequency, fillers, neuromodulators & microneedling
- Eye Rejuvenation**
- Hair Restoration**
- Hand Rejuvenation**
- Lip Rejuvenation**
- Neck Rejuvenation**
- Scar Reduction**
- Stretch Mark Reduction**

**WOMEN’S HEALTH**

- Feminine Intimate Wellness**
- Female Stress / Urge Urinary Incontinence**

**SKIN CARE, FACE & BEAUTY**

**CUSTOMIZED SKIN CARE TREATMENTS**

**Facials**

- Anti-Acne Facial
- Backcial
- European Facial
- Express Facial
- Restoration Facial

**Revitalizing Peels**

**Additional Skin Therapies**

- Anti-Acne Facial Express
- Dermaplaning Express
- Dermaplaning with Facial
- Microdermabrasion Express
- Microdermabrasion with Facial
- Microneedling

**BODY SCULPTING**

**BODY SCULPTING**

- CoolSculpting®**
- EMSCULPT®**
- Kybella®**
- Vanquish ME™**
- vShape RF and vShape US**
- Z Wave<sup>Pro</sup>**

**BODY TREATMENTS & SPA PACKAGES**

**BODY TREATMENTS**

- Body Polish**
- Eyebrow and Eyelash Tinting**
- Eyebrow Shaping**
- Waxing for all Body Areas**

**GIFT CARDS & BASKETS**

Perfect to pamper the special people in your life

**SKIN CARE PRODUCTS**

- Medical Grade**
- Spa Grade**

I certify this information is true and correct to the best of my knowledge. I will notify you of any change to the above information. I agree that I have financial responsibility for payment of services rendered.

Client Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/20\_\_\_\_