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 Number Cell (_____) _____ Home (_____) _____

*By providing my email address I give you permission to send me appointment reminders, patient information, newsletters and promotional emails about specials and events. I understand that I may unsubscribe at any time, and that you will never sell or share my email with any external entity.
Check here if you do not want to receive newsletters or promotional emails. [ ]

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AREAS OF INTEREST *(please circle)*

COSMETIC / AESTHETIC

Cosmetic Treatments

BOTOX® / Dysport® / Xeomin® (Wrinkle relaxation)

Fillers (Wrinkle reduction and volume restoration)

Kybella™ (Reduction of excess fat beneath the chin)

Skin Tightening

Sclerotherapy / Leg Vein Therapy (Asclera®)

Laser, Pulsed Light & LED Treatments

Age/Sun Spot Removal

Virtually Painless Laser Hair Removal

Laser Skin Resurfacing

Tattoo Removal

Facial Redness Reduction and Vascular Lesion Removal

Rejuvenation Regimens

Hair Restoration (PRP)

Eye Rejuvenation

Hand Rejuvenation

Neck Rejuvenation

Vaginal Rejuvenation

Lip Rejuvenation

Stretch Mark Treatment

Scar Treatment

Cellulite and Fat Reduction

BodySculpting

SKIN CARE, FACE & BEAUTY

Revitalizing Peels

Facials

Micro-Needling

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____