



New Client - Welcome Packet

Date* ____ / ____ / ____

Demographics and Protected Health Information

Client Information

Client Date of Birth* ____ / ____ / ____

Last Name* _____ First* _____ Middle _____

Address _____

City _____ State _____ Zip _____

Gender* Female___ Male___ Unknown___

eMail** _____

Mobile* (____) _____ Home (____) _____ Other (____) _____

Best Contact Method (please circle): Mobile Home Other May we leave a detailed message*? Yes___ No___

Emergency Contact* _____ Emergency Contact Mobile* (____) _____

How did you hear about us?* (Check all that apply - **NEW clients only please**)

Referral (physician name) _____ Website ___ (CirilloInstitute.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) *to Someone Other than Yourself*

PHI Name _____ Relationship to Patient _____

Mobile Phone (____) _____ Home Phone (____) _____

* Required

** By providing my email address and mobile phone number, I give Cirillo Cosmetic permission to send me appointment reminders, practice newsletters, and review requests. I understand that I may opt-out at any time, and that Cirillo Cosmetic will never sell or share my email/mobile with any external entity. Appointment reminders are HIPAA compliant. 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. []



New Client - Welcome Packet

Cosmetic Dermatology
CIRILLO INSTITUTE

Areas of Interest (please circle)

COSMETIC TREATMENTS

INJECTABLES

Neuromodulators: Wrinkle reduction with
BOTOX® / Dysport® / Xeomin® / Jeuveau®
Fillers: Wrinkle reduction and volume restoration with
JUVÉDERM® family, Restylane® family,
RHA® Collection, Belotero®, Radiesse®, Sculptra®
Kybella™ Reduction of excess fat beneath the chin
“Liquid” Facelift Combination of fillers, neuromodulators
Asclera® Sclerotherapy for Leg Vein Reduction
PRP Platelet Rich Plasma for Hair Loss
PRP Platelet Rich Plasma for Skin Rejuvenation

LASERS, LIGHTS, RADIOFREQUENCY & ULTRASOUND

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 lasers, radiofrequency, ultrasound, fillers, neuromodulators & microneedling

Eye Rejuvenation
Hair Restoration
Hand Rejuvenation
Lip Rejuvenation
Neck Rejuvenation
Scar Reduction
Stretch Mark Reduction

WOMEN'S HEALTH

Feminine Intimate Wellness with
FemiLift / EMSELLA®
Female Stress / Urge Urinary Incontinence with
EMSELLA®

BODY SCULPTING

BODY CONTOURING

CoolSculpting®
EMSCULPT®
EXILIS ULTRA™
Kybella®
Vanquish ME™
Z Wave^{Pro}

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 (with / without Exosomes)
- Microdermabrasion Express
- Microdermabrasion with Facial (with / without Exosomes)
- Microneedling (with / without Exosomes)

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 agree that I have financial responsibility for payment of services rendered.

Client Signature _____

Date ____/____/____