

New Patient - Welcome Packet

Demographics and Protected Health Information

Client Information

Client Date of Birth* ____/____/____

Last Name* _____ First* _____ Middle _____

Address _____

City _____ State _____ Zip _____

Gender* Female___ Male___ Unknown___ Occupation _____

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. []

Areas of Interest (please circle)

COSMETIC TREATMENTS

INJECTABLES

Neuromodulators: Wrinkle reduction

Fillers: Wrinkle reduction and volume restoration

Kybella™ Reduction of excess fat beneath the chin

“Liquid” Facelift Combination of fillers, neuromodulators

Asclera® Sclerotherapy for Leg Vein Reduction

**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
FemiLift / EMSELLA®

BODY SCULPTING

BODY CONTOURING

CoolSculpting® Elite

EMSCULPT® NEO

EXILIS ULTRA™

Kybella®

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 Peels

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

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

No Shows:

A \$100 no show fee will be applied to your account for missed appointments not cancelled or rescheduled without 24 hours' notice. For Dr. Cirillo a \$150 no show fee will be applied to your account for missed appointments not cancelled or rescheduled without 24 hours' notice.

Client Signature _____

Date ____/____/____