CIRILLO
COSMETIC
DERMATOLOGY SPA

Cosmetic Dermatology
CIRILLO INSTITUTE

Date ___/___/20_____

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 agree to receive appointment reminders, practice newsletters, and review requests. Message frequency will vary and data rates may apply. I understand that I may opt-out at any time by replying 'STOP', and that Cirillo Institute 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.*

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 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 _____/_____/_____