

## **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<sup>Pro</sup>**

**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.

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

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