



CIRILLO
COSMETIC
DERMATOLOGY SPA

Client Welcome Form

CLIENT

Date ___/___/20___

Last Name _____ First Name _____
 Address _____ Home Phone (____) _____
 City, State, Zip _____ Work Phone (____) _____
 Date of Birth ____/____/____ Cell Phone (____) _____
 Referred by _____ Occupation _____
 e-Mail* _____ Employer _____

May we eMail you our monthly specials? Y / N Gender Female ___ Male ___

Marital Status Single ___ Married ___ LTP ___ Divorced ___ Widowed ___ Separated ___

In case of emergency, whom may we contact? _____ Phone (____) _____

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

Physician Referral (name) _____ Website _____ CirilloCosmetic.com
 Friend / Family Referral (name) _____ Internet _____
 Print Advertisement _____ Facebook / MySpace _____
 Superpages / Yellow Book _____ Welcome Wagon _____

HEALTH HISTORY

Allergies _____

Medicines you take regularly _____

Medical Conditions _____

Surgeries _____

Family History of Melanoma _____

Pacemaker Y / N Siezures Y / N Herpes Y / N

COSMETIC HISTORY

Cosmetic Surgeries _____

Please circle all prior treatments you have had:

Botox®	Collagen	Evolence®	Juvéderm®	Juvéderm® Ultra Plus
Restylane®	Perlane®	Sculptra®	Radiesse®	Sclerotherapy
IPL	Peels	Facials	Massage	Microdermabrasion



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Laser treatment for condition(s) _____

Current skin care regimen _____

AREAS OF INTEREST *(please circle)*

Cosmetic Treatments

Digital Cosmetic Consultation
 Skin Tightening

Botox® / Fillers
 IPL / Photo Rejuvenation

Cellulite & Fat Reduction
 Leg Vein / Sclerotherapy

Laser Treatments

Laser Hair Removal
 Sun Spots

Skin Resurfacing
 Age Spots

Vascular Lesion Removal
 Tattoo Removal

Rejuvenation Regimens

Skin Care / Anti-Aging Regimen
 Hand Rejuvenation

Stretch Mark / Scar Repair
 Neck Rejuvenation

Lip Rejuvenation
 Eye / Eyelash Rejuvenation

Skin Care, Face and Body Treatments

Peels
 Dermaplaning

Facials
 Body Treatments

Microdermabrasion
 Massage

Spa Packages / A La Carte Treatments

Spa Packages
 Eyelash Extensions

Makeup / Eyebrow Tinting
 Waxing

Eye / Lip Renewal
 Thera:Vie Hand / Foot Treatment

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___

**Cirillo Cosmetic and our eMail marketing firm, GoLoyal, will never sell or share your eMail.*