

Tony Delmedico, LMFT
Licensed Marriage and Family Therapist

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Client Information

Date: _____

Name: (1) _____ DOB: _____ Age: _____

(2) _____ DOB: _____ Age: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Places you authorize me to leave a message, identify myself, and leave a return number:

Phones (1): cell _____ other _____

Phones (2): cell _____ other _____

Regarding scheduling, are text messages OK? Yes or No

Emails: (1) _____ (2) _____

Emergency Contact:

Name: _____ **Relationship:** _____

Phone: _____ **Email:** _____

Referral Information:

Who referred you: _____ May I thank them? Yes or No

Signature for Consent: _____ **Date:** _____

Billing:

Will you be filing insurance? Yes or No

If filing insurance, you will need a designated patient. Who will be the designated patient?

Please note: if filing insurance, you will also need a diagnosis code. Please discuss this with me.

I wish to be billed as:

Psychotherapy

- Individual
- Family/Couples Therapy with Patient
- Family without Patient
- Group

Other/Non-insurance

- Couples Therapy
- Family Consultation
- Personal Development
- Professional Development
- Executive Coaching
- Personal Coaching
- Training

Background Information:

1. List those who live in your household, including non-family members.

Name	Age	Relationship to You

2. List any prescription medications you take, and the reason for taking.

3. Is anyone coming for therapy involved in divorce proceedings? Yes or No

4. If divorced, who has custody of the minor children?