

Tony Delmedico, Ph.D.
Licensed Marriage and Family Therapist
DepthWorks, PLLC

901 Paverstone Drive
Suite 9
Raleigh, NC 27615

Phone: 919-623-8118
www.TonyDelmedico.com

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 _____

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, we will need to provide a diagnosis code. Previous diagnosis:

Please note: If you do not have a previous diagnosis, please discuss this with me.

I wish to be billed as:

Therapy

- _____ Individual Psychotherapy
- _____ Family therapy with Patient
- _____ Family therapy without Patient
- _____ Group Psychotherapy

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?