

Welcome!

I look forward to working with you. Here are some things you can do to make the most of your initial consultation appointment.

What to Expect

We will meet for 80 minutes and discuss your goals and expectations. I'll ask you a lot of questions to help assess your situation and offer realistic solutions. We will work together at a pace that is emotionally comfortable to you. Although I might be considered an expert in the work I do, I'm not an expert of *you* (only you know your thoughts, feelings and experiences)—your input is important to this process.

What to Bring

It is helpful to bring or email jennydemarco3@gmail.com the following:

- Medications you are taking, including the dose
- Supplements, including the amounts
- Recent Labs (blood work)
- Any other records or information that could be helpful
- Completed forms:
 - Release Form (page 2)
 - Contact Information (page 3)
 - Credit Card Payment Form (Optional, page 4)

Weekly appointment e-reminder

As a courtesy, I send out an email appointment reminder at the beginning of the week of your scheduled appointment.

Phone or Skype Sessions

At the time of your appointment, call my office at 920-634-9389 or if arrangements have been made to speak via Skype—contact me at Jenny DeMarco. Also, please make your payment prior to your session at _____.

Release Form

Please complete and sign this release form, which enables me to contact your physician and/ or therapist.

I _____ (**print your name**), authorize Jenny DeMarco, CPT, IE Counselor, consulting nutrition therapist, to contact and/or release information concerning my nutrition therapy to the following physicians/therapists:

Name
Address
Phone

Name
Address
Phone

Name
Address
Phone

Signed _____

Date _____

Your phone _____

Contact Information

Name	Date
Address:	Referred by:
Communication Information	
Phone(s):	
Cell:	
Home:	
Work:	
<i>Is it okay to leave a message at any of these numbers? Which?</i>	
e-mail:	
Other:	

Credit Card Payment Form (Optional)

Please complete this form if you wish to pay by credit card, but won't be physically present in the office for the session; (such as for phone sessions or when a parent is paying for their child's session, but won't be in attendance).

Payment Method Visa Master Card Discover Debit Card**CREDIT CARD INFORMATION****Credit Card Number:**

_ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expiration Date: _ _ / _ _**CCV** (3-digit number on back of card): _ _ _**Card Holder's Billing Address:**

Street

Zip

Card Holder's Name:

By signing below, I authorize Jenny DeMarco (J. DeMarco LLC), CPT and I.E. Counselor, to bill the above credit card.

Authorization Signature:**Date:**