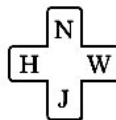


Derek Berberian, MD
Patrick DiGenova, MD, MBA
Ramzi Anz, MPAS, PA-C
Kori Anderson, MMSPAS, PA-C
Vinson Varughese, MSPAS, PA-C
Lorayne Coneys, LCSW, LCADC
Nicholas Fiorito, MDiv, LCADC, CCS
Loretta Caldwell, LCSW
Lucy Albro, LPC
Ranita Fooks, PhD
Nicole Bonacci, LCADC, LCSW
Shannon McLaughlin, LCSW
Michele Traina
Luli Passet, MA, LAC, NCC



North Jersey Health & Wellness

Comprehensive and Preventative Health Care

4 Forest Ave, Paramus, NJ, 07652
46 N Central Ave, Ramsey, NJ, 07446
171 Ridgedale Ave, Ste N, Florham Park, 07932
115 River Road, Ste 118, Edgewater, NJ, 07020

Phone: 201-588-3491
Fax: 201-357-4222

Angelica Russo, LPC
David Dressler, MA, MFT
Catherine Illenye, LSW
Heather Campanile, MS, RD
Alyssa Sayegh, MA, CPC
Nicole Apello, LCSW
Diane Sosa, LPC, MFT
Gina Molinaro, LSW
Mary Ann Santiago, LCSW
Janet Salerno, MT
Christina Romeo, LCSW
Michael Ingui, DC, MAS, FIANM
Karen Ouriel
Michelle Kearney, LCSW
Carly Neushatz, MFT, LAC

DATE: ____/____/____

PATIENT'S INFORMATION:

NAME: _____ Date of Birth: ____/____/____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: Mobile: _____

Home/Other: _____ SS# _____ - _____ - _____ Occupation: _____

Employer: _____ Sexual Identity: Male / Female / Other Sexual Orientation: _____

Marital Status: _____ If Married: Name _____ / Phone _____

Pharmacy Name / Location _____ **Phone #:** _____

INSURANCE INFORMATION: Please provide copy of insurance and ID to front desk

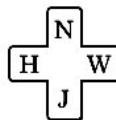
Insurance Name: _____ Policy ID #: _____ Group #: _____

Emergency Contact: Name: _____ Relationship: _____ Phone: _____

**How did you find out about our office? _____ If referred, by who? _____

Reason for appointment: _____

Derek Berberian, MD
Patrick DiGenova, MD, MBA
Ramzi Anz, MPAS, PA-C
Kori Anderson, MMSPAS, PA-C
Vinson Varughese, MSPAS, PA-C
 Lorayne Coneys, LCSW, LCADC
 Nicholas Fiorito, MDiv, LCADC, CCS
 Loretta Caldwell, LCSW
 Lucy Albro, LPC
 Ranita Fooks, PhD
 Nicole Bonacci, LCADC, LCSW
 Shannon McLaughlin, LCSW
 Michele Traina
 Luli Passet, MA, LAC, NCC



North Jersey Health & Wellness

Comprehensive and Preventative Health Care

4 Forest Ave, Paramus, NJ, 07652
 46 N Central Ave, Ramsey, NJ, 07446
 171 Ridgedale Ave, Ste N, Florham Park, 07932
 115 River Road, Ste 118, Edgewater, NJ, 07020

Phone: 201-588-3491
 Fax: 201-357-4222

Angelica Russo, LPC
 David Dressler, MA, MFT
 Catherine Illenye, LSW
 Heather Campanile, MS, RD
 Alyssa Sayegh, MA, CPC
 Nicole Apello, LCSW
 Diane Sosa, LPC, MFT
 Gina Molinaro, LSW
 Mary Ann Santiago, LCSW
 Janet Salerno, MT
 Christina Romeo, LCSW
 Michael Ingui, DC, MAS, FIANM
 Karen Ouriel
 Michelle Kearney, LCSW
 Carly Neushatz, MFT, LAC

TREATMENT CONSENT FORM

Your signature below indicates you have read the treatment consent and are aware you can receive a copy if requested, which contains information on clinical services, professional fees, cancellation and no show policies, billing and payments, insurance reimbursement, authorization and release of benefits, contacting us, professional records, no harm contract, client bill of rights, client grievances, policies, confidentiality, medicare acceptance, appointment reminders, out of network status, video surveillance, referrals, minor child consent, and medications/testosterone replacement / injections, and you agree to abide by its terms during our professional relationship. For minor children, please initial the line below in addition to signing this form.

- * Billing & Payments
 - * Treatment Fees
 - * Client Bill of Rights
 - * Out Of Network Practice Status
 - * Sessions
 - * Referrals
 - * Medications
 - * Legal Fees
 - * Summary of Medicare Acceptance
 - * Contacting Us
 - * Insurance Reimbursements
 - * Appointment reminders
 - * Confidentiality
 - * Client Grievances
 - * Privacy Practices
 - * Psychotherapy
 - * Cancellation / No-Show Policy
 - * No Harm Contract Video Surveillance
 - * Injections
 - * Professional Services
 - * Professional Records
 - * Assignment & Release of Benefits
 - * Testosterone Replacement
- _____ Minor Child treatment consent

Name of Patient (printed) : _____ Date: _____

Signature of Patient (or legal guardian): X _____

PROVIDER: NORTH JERSEY HEALTH AND WELLNESS / DEREK BERBERIAN, MD

Derek Berberian, MD
Patrick DiGenova, MD, MBA
Ramzi Anz, MPAS, PA-C
Kori Anderson, MMSPAS, PA-C
Vinson Varughese, MSPAS, PA-C
 Lorayne Coneys, LCSW, LCADC
 Nicholas Fiorito, MDiv, LCADC, CCS
 Loretta Caldwell, LCSW
 Lucy Albro, LPC
 Ranita Fooks, PhD
 Nicole Bonacci, LCADC, LCSW
 Shannon McLaughlin, LCSW
 Michele Traina
 Luli Passet, MA, LAC, NCC



4 Forest Ave, Paramus, NJ, 07652
 46 N Central Ave, Ramsey, NJ, 07446
 171 Ridgedale Ave, Ste N, Florham Park, 07932
 115 River Road, Ste 118, Edgewater, NJ, 07020

Phone: 201-588-3491
 Fax: 201-357-4222

Angelica Russo, LPC
 David Dressler, MA, MFT
 Catherine Illenye, LSW
 Heather Campanile, MS, RD
 Alyssa Sayegh, MA, CPC
 Nicole Apello, LCSW
 Diane Sosa, LPC, MFT
 Gina Molinaro, LSW
 Mary Ann Santiago, LCSW
 Janet Salerno, MT
 Christina Romeo, LCSW
 Michael Ingui, DC, MAS, FIANM
 Karen Ouriel
 Michelle Kearney, LCSW
 Carly Neushatz, MFT, LAC

ASSIGNMENT AND RELEASE OF INSURANCE BENEFITS

I certify that I, and/or my dependents, have insurance coverage with:

_____ and assign directly to NORTH JERSEY HEALTH AND WELLNESS all benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges, whether or not paid by insurance. I authorize the use of my signature or the signature of my dependents on all submissions. I also acknowledge that if I do not provide benefit checks received by me within 30 days of the confirmation of checks being sent to me, my credit / debit card provided on intake will automatically be charged for the visit.

The above-named Care Center/Physician(s) may use my health information and may disclose such information to the above-named Insurance Company (companies) and their agents for the purpose of obtaining payment for related services.

 Signature of Patient, Parent / Guardian, or Personal Representative

 Printed Name of Patient / (and guardian if signed by guardian)

 Date

 Self / Spouse / Child

Relationship to Patient

Derek Berberian, MD
Patrick DiGenova, MD, MBA
Ramzi Anz, MPAS, PA-C
Kori Anderson, MMSPAS, PA-C
Vinson Varughese, MSPAS, PA-C
Lorayne Coneys, LCSW, LCADC
Nicholas Fiorito, MDiv, LCADC, CCS
Loretta Caldwell, LCSW
Lucy Albro, LPC
Ranita Fooks, PhD
Nicole Bonacci, LCADC, LCSW
Shannon McLaughlin, LCSW
Michele Traina
Luli Passet, MA, LAC, NCC



4 Forest Ave, Paramus, NJ, 07652
46 N Central Ave, Ramsey, NJ, 07446
171 Ridgedale Ave, Ste N, Florham Park, 07932
115 River Road, Ste 118, Edgewater, NJ, 07020

Phone: 201-588-3491
Fax: 201-357-4222

Angelica Russo, LPC
David Dressler, MA, MFT
Catherine Illenye, LSW
Heather Campanile, MS, RD
Alyssa Sayegh, MA, CPC
Nicole Apello, LCSW
Diane Sosa, LPC, MFT
Gina Molinaro, LSW
Mary Ann Santiago, LCSW
Janet Salerno, MT
Christina Romeo, LCSW
Michael Ingui, DC, MAS, FIANM
Karen Ouriel
Michelle Kearney, LCSW
Carly Neushatz, MFT, LAC

CREDIT OR DEBIT CARD TO KEEP ON FILE / OFFICE VISIT AND CO-PAYMENT FORM

NAME: _____ DOB: _____

TYPE OF CARD: ___ VISA ___ MC ___ AMEX ___ DISCOVER ___ OTHER

NAME ON THE CARD: _____

CARD NUMBERS: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

ZIP CODE: _____

HOW WOULD YOU LIKE YOUR RECEIPT? _____ TEXT _____ EMAIL

CELL PHONE: _____ EMAIL: _____
(must include email address)

Signature

All payments are collected at time of service and are non-refundable. Signature on receipt is legally binding that service was rendered and patient waives right to dispute charges with their bank. Any disputes must take place within 7 days or patient waives their right to dispute charges. A \$75 fee will be charged for administrative time spent on any credit card disputes. All services are non-refundable. If there is a question regarding a charge, contact the office for resolution to avoid a fee for administrative time spent responding to dispute.

Derek Berberian, MD
Patrick DiGenova, MD, MBA
Ramzi Anz, MPAS, PA-C
Kori Anderson, MMSPAS, PA-C
Vinson Varughese, MSPAS, PA-C
Lorayne Coneys, LCSW, LCADC
Nicholas Fiorito, MDiv, LCADC, CCS
Loretta Caldwell, LCSW
Lucy Albro, LPC
Ranita Fooks, PhD
Nicole Bonacci, LCADC, LCSW
Shannon McLaughlin, LCSW
Michele Traina
Luli Passet, MA, LAC, NCC



4 Forest Ave, Paramus, NJ, 07652
46 N Central Ave, Ramsey, NJ, 07446
171 Ridgedale Ave, Ste N, Florham Park, 07932
115 River Road, Ste 118, Edgewater, NJ, 07020

Phone: 201-588-3491
Fax: 201-357-4222

Angelica Russo, LPC
David Dressler, MA, MFT
Catherine Illenye, LSW
Heather Campanile, MS, RD
Alyssa Sayegh, MA, CPC
Nicole Apello, LCSW
Diane Sosa, LPC, MFT
Gina Molinaro, LSW
Mary Ann Santiago, LCSW
Janet Salerno, MT
Christina Romeo, LCSW
Michael Ingui, DC, MAS, FIANM
Karen Ouriel
Michelle Kearney, LCSW
Carly Neushatz, MFT, LAC

MEDICAL BACKGROUND:

Medical Problems: (please circle) Hypertension High Cholesterol Asthma Tremor Erectile d/f
Acid Reflux Migraines Diabetes Bleeding d/o Head Injury Hepatitis Kidney Disease
Heart Attack Auto-immune Dx Lyme Disease Thyroid disease Osteoarthritis Concussion
Heart Dx Arthritis (RA) Prostate Issues Dementia Blood Clotting d/o Parkinson's
Auto-immune d/o Multiple Sclerosis Other: _____

DRUG/OTHER ALLERGIES: _____

TOBACCO USE: Yes / No / Former If Yes, what? _____

ALCOHOL USE: YES / NO ? How Often / How much? _____

SURGICAL HISTORY: Tonsils Appendix Gallbladder Wisdom Teeth C-Section Hernia Knee
Shoulder Other: _____

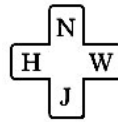
CURRENT MEDICATIONS: _____

SOCIAL HISTORY: Who Lives at Home with you (name, age, relationship to you): _____

Highest level of Education Completed: _____ Any IEPs / 504s

Did you have any developmental delays? YES / NO . If Yes, what _____

Derek Berberian, MD
Patrick DiGenova, MD, MBA
Ramzi Anz, MPAS, PA-C
Kori Anderson, MMSPAS, PA-C
Vinson Varughese, MSPAS, PA-C
Lorayne Coneys, LCSW, LCADC
Nicholas Fiorito, MDiv, LCADC, CCS
Loretta Caldwell, LCSW
Lucy Albro, LPC
Ranita Fooks, PhD
Nicole Bonacci, LCADC, LCSW
Shannon McLaughlin, LCSW
Michele Traina
Luli Passet, MA, LAC, NCC



North Jersey Health & Wellness

Comprehensive and Preventative Health Care

4 Forest Ave, Paramus, NJ, 07652
46 N Central Ave, Ramsey, NJ, 07446
171 Ridgedale Ave, Ste N, Florham Park, 07932
115 River Road, Ste 118, Edgewater, NJ, 07020

Phone: 201-588-3491
Fax: 201-357-4222

Angelica Russo, LPC
David Dressler, MA, MFT
Catherine Illenye, LSW
Heather Campanile, MS, RD
Alyssa Sayegh, MA, CPC
Nicole Apello, LCSW
Diane Sosa, LPC, MFT
Gina Molinaro, LSW
Mary Ann Santiago, LCSW
Janet Salerno, MT
Christina Romeo, LCSW
Michael Ingui, DC, MAS, FIANM
Karen Ouriel
Michelle Kearney, LCSW
Carly Neushatz, MFT, LAC

PAST PSYCHIATRIC TREATMENT: Age of onset of mental health symptoms: _____

Inpatient admissions / Detox: _____

Previous Tx with psychiatrist/psychotherapy: _____

Past Psychiatric Medications: _____

Previous Suicide Attempts? Yes / No History of self harming? Yes / No

History of Eating Disorder? Anorexia / Bulimia / Binge eating (concern of any of these? yes / no)

Substance abuse History: YES / NO If Yes (what/how much / how long): _____

ABUSE: History of abuse? YES / NO If Yes : physical / sexual / emotional abuse

FAMILY HISTORY (If yes, specify who):

Mental Health: _____

Substance Abuse: _____

Serious Medical Conditions: _____

Suicide Attempts / Suicide Completion: YES / NO If Yes, who: _____

Family Medical History: (who and what) _____