

PATIENT TELEHEALTH INFORMATION FORM

This form must be completed before beginning telehealth services with Dr. Tilluckdharry. Please complete all sections honestly, and in entirety. A Safety Plan will also be completed with Dr. Tilluckdharry during your next session.

General Contact Information:

Client's Name: _____

Parent / Legal Guardian's Name: _____

Client's Home Address: _____

Best e-mail address: _____

Relationship to Client: _____

Best phone number:

a. Client: _____

b. Parent / Legal Guardian: _____

Emergency Contact Information: *(release of information, verify address)*

1. Best alternative contact person: _____

Relationship to Client: _____

Best phone number to reach: _____

2. Best alternative contact person: _____

Relationship to Client: _____

Best phone number to reach: _____

Nearest Medical Center Name: _____

Address: _____

Phone: _____

Nearest Police Department Name: _____

Address: _____

Phone: _____