

**Client File Checklist (Telehealth Version)**

- Client Name: \_\_\_\_\_
- Date of First Appointment: \_\_\_\_\_ Date of Last Appointment: \_\_\_\_\_
- Date of Initial Call: \_\_\_\_\_
- Diagnosis: \_\_\_\_\_
- Address of Service
- Alternative Addresses of Service
- Copy of Photo ID with Signature
- Emergency Contact #1 (For International Clients: English speaking with ability to get help in native language)
- Emergency Contact #2
- Back-up Platform Plan (in case of technological issues)
- Consent Form
- HIPAA Forms
- Credit Card Consent
- Release of Information for Communication Related to Use of Credit Card (if owner is not client)
- Sliding Scale Agreement
- Communication Consent (E-mail; Text; Phone; Voicemail)
- Release of Information
- Intake Questionnaire
- Initial Assessment
- Treatment Plan
- Refusal to use insurance (if applicable)
- Safety Plan
- Discharge Summary
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Dates of Service/Notes (list below)

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