



# McDonald COUNSELING

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## TELEHEALTH FORM

### General Contact Information:

Client name: \_\_\_\_\_

Parent name: \_\_\_\_\_

Address: \_\_\_\_\_

Best phone number: \_\_\_\_\_

### Emergency Contact Information:

Alternative contact person 1: \_\_\_\_\_

Relationship: \_\_\_\_\_

Best number: \_\_\_\_\_

Alternative contact person 2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Best number: \_\_\_\_\_

Nearest Medical Center: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Nearest Police Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Client name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Parent name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Provider name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

