

TELEHEALTH SESSION NOTES
Confidential Patient Record

Name of Client: _____

Location of Client: _____

Session Date: _____ Current Diagnosis: _____

Reason for Consult

Scheduled Session: _____ Crisis: _____ Other: _____

Type of Communication/Fee

Phone: _____ Video: _____ Fee: \$ _____ / _____ (Time Period)

Email: _____ Text: _____ Fee: \$ _____ (Per Event)

Total Fee: \$ _____

Presenting Problems/Issues:

Clinical Issues

Crisis strategy employed during session (if applicable): _____

Crisis strategy post consult (if applicable): _____

