TELEHEALTH SESSION NOTES

Confidential Patient Record

Name of Client:				
Location of Client:				
Session Date:	Curr	ent Diagnosis:		
Reason for Consult				
Scheduled Session: _	Crisis:	Other:		
Type of Communication	tion/Fee			
Phone:	Video:	Fee: \$/	(Time Po	eriod)
Email:	Text:	Fee: \$	(Per Eve	nt)
Total Fee: \$				
Presenting Problems	s/Issues:			
Clinical Issues				
Crisis strategy emplo	yed during session	on (if applicable):		
Crisis strategy post c	onsult (if applica	ble):		
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Therapeutic home	work (if applicab	le):		 	
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Notes:					
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