

Telemedicine Assessment for Client Fit

Identifiable Information:

Treating Clinician:

Date:

Client Name:

Account Number:

Level of Risk:

- Have you been suicidal in the past 6 months, or are you at significant risk of becoming so? Yes No
- Have you been homicidal in the past 6 months or are you at significant risk of becoming so? Yes No
- Do you have delusions about technology/electronics, or have a significant risk of developing them? Yes No
- Are you willing to identify an appropriate support person who can be available during your MidWest Center for Personal and Family Development sessions? Yes No
- Are you willing to provide your own location, phone number, and proof of your identity? The location of your MidWest Center for Personal and Family Development sessions will be your home if this changes, will you let your therapist know your location? Yes No
- Are you a victim of domestic abuse? Yes No

Technology:

- Do you have a computer/device with internet access and that has the capability of using a HIPAA compliant webpage? Yes No
- Do you have an email address and are you comfortable using email? Yes No
- Are you comfortable with using video conferencing as a means of receiving counseling? Yes No
- Do you have a location to receive MidWest Center for Personal and Family Development counseling in a location that allows for confidentiality? I ask that you test the capability of your computer and internet access with the video conferencing technology with either me or a friend. Are you willing to do this? Yes No
- I understand that my appointment time is valuable time with my therapist. I agree to be at my computer and ready for my therapist to invite me to my MidWest Center for Personal and Family Development session within 5 minutes of my scheduled session. Yes No
- There is the potential for technology breakdowns and interruptions. Do you believe that the use of technology will cause you more distress than it will help you? Yes No

Region/Location:

- Will you be in the state of Minnesota when receiving MidWest Center for Personal and Family Development counseling? Yes No

- Are emergency services accessible? Yes No

Name of local Hospital/Medical Clinic:

Phone Number:

Name of Support Person who will be available during sessions:

Phone Number:

If Support person is not available, you agree to go to local ER or access Crisis Services if your therapist makes such a recommendation for your safety and well-being. Yes No

Insurance (if applicable):

- If your insurance will not cover MidWest Center for Personal and Family Development Counseling, are you willing to pay out of pocket for your sessions? Yes No

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Score:

A score of greater than 1 the client may not be an appropriate fit for MidWest Center for Personal and Family Development services

- Per Assessment, this client is a fit for MidWest Center for Personal and Family Development, OK to proceed at this time. Yes No

- This clinician is competent to address this client's needs/goals via MidWest Center for Personal and Family Development counseling. Yes No

- This Client is not an appropriate fit for MidWest Center for Personal and Family Development at this time. Refer client to face to face counseling. Yes No