**Clinical Assessment**

1. Are you seeking therapy services for a crisis in your life? ☐ yes ☐ no
2. Do you now/have you in the past 12 weeks had ideas, plans or thoughts about hurting yourself? ☐ yes ☐ no
3. About hurting someone else? ☐ yes ☐ no
4. Have you ever been hospitalized for emotional health reasons? ☐ yes ☐ no
	1. If yes, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. What happened?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Explain that telehealth services typically serve in non-crises. Explain manner in which telehealth providers support patients who later develop crises, but may need to supplement care with in-person meetings.
6. Is this issue related to an accident or legal action that is pending? ☐ yes ☐ no
	1. Are you seeking an assessment related to legal action? ☐ yes ☐ no

**Technical Assessment**

1. Do you have access to a computer or mobile device? ☐ yes ☐ no
	1. What kind: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. How old is it:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. What operating system does it use?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Do you have a distinct profile? ☐ yes ☐ no
	5. Is your computer/profile password protected? ☐ yes ☐ no
2. Do you have a web camera/ camera built into your device? ☐ yes ☐ no
3. Do you have Internet: ☐ yes ☐ no
4. What kind: ☐ Broad band ☐ Dial-up ☐ DSL ☐ Cable ☐ Wireless ☐ Satellite ☐ Cellular
 ☐ T-1
5. Using a speed test, what is your internet speed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Give a link: \_\_\_\_\_\_\_\_\_\_\_
6. Do you have WiFi? ☐ yes ☐ no
	1. Is it password protected? ☐ yes ☐ no
	2. Is your network visible to the public? ☐ yes ☐ no
7. Do you have telephone service? ☐ yes ☐ no
	1. What kind: ☐Landline ☐Cell phone ☐VoIP
	2. Do you share your telephone with anyone? ☐ yes ☐ no
	3. If a mobile device or VoIP, is it password protected? ☐ yes ☐ no
8. Have you ever used a videoconferencing program? ☐ yes ☐ no
	1. What did you think of it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Do you have an email account? ☐ yes ☐ no
	1. What kind: ☐ Gmail ☐ AOL ☐ Yahoo ☐ Outlook ☐ Hotmail
	 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Is it password protected with a robust password: ☐ yes ☐ no
	3. Do you share the account/ its password with anyone: ☐ yes ☐ no
10. Are you interested in receiving your healthcare through remote services? ☐ yes ☐ no
	1. What questions do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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	2. What reservations do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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11. What questions do you have about telehealth/videoconferencing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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