Dr. Thomas A. Parker & Associates

TeleVirtual-Audio Assessment Questionnaire for Client Fit

** There must be a check next to each question for the client to be appropriate for TeleVirtual-

Client Safety:

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1.	Is the client suicidal or homicidal or at high risk of harming self or others?			
	No:			
2.	Is the client psychotic or paranoid (worried that authorities will be listening or electronic devices may harm him/her in some way)? Yes			
	No:			
3.	Is the client willing to let the therapist know his/her location (address) each session?			
	Yes: No			
4.	Is the client willing to give the therapist a name and phone number of a person to call			
	in case of an emergency?Yes No			
5.	Does the client have a place to conduct a TeleVirtual-Audio Appointment session that is			
	confidential? Yes:No			
6.	Is the client in a domestic violence or abusive situation where his abuser could find out			
	that TeleVirtual-Audio sessions were occurring and result in more violence? Yes			
	No			
	a. If email or texting is part of the treatment, does abuser have access to these accounts? No			
	or N/A:			
	b. If the telephone is involved, does the abuser have access to the history on client's			
	phone or information on phone bill? Yes No or N/A:			
	c. If chat rooms, client portals, websites, apps, etc. are going to be used, does the			
	abuser have access to the electronic device the client will use and associated			
	history of where client has been online? Yes No or N/A:			
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	s Presenting Concern & Appropriateness:			
1.	Is the client avoiding something by not coming to sessions in person (e.g., not			
	facing a driving phobia, is socially anxious, has attachment issues, has an alcohol			
	use disorder and doesn't want the therapist to smell his/her breath, etc.)			
	Yes No:			
2.	In general, is TeleMental Health therapy a solid option for this client's presenting			
	concern and the therapist can document the rationale?			
	Yes: No			
3.	Is there any language barrier/cultural issue/medical or physical issue that may cause			
	difficulty in utilizing TeleMental health interventions? Yes			
	No:			

Thomas A. Parker & Associates Dr. 1. Is the client willing to have the initial session in person or via video-conferencing in order to see client and check identification? Yes: _____ No____ 2. Does the client have the technology needed to engage in the type of TeleVirtual-Audio Mental Assessments provided? Health you are offering (computer, internet, smart phone, appropriate software, etc.)? Yes: ______No______Is the client willing to use the appropriate software to maintain confidentiality? Yes: No 3. Does the client have the skill to use the means of receiving TeleMental Health services as proven by testing the technology with you or a friend prior to your session? Yes: ______ No_____ 4. Is the client willing to use a code word or phrase each session to ascertain identity? Yes: _____ (That Word or Code? _____ No.____ 5. Has the client been informed of the procedures in case of a technological interruption of services, the client is comfortable with the protocol, and the possible interruption of services is not too stressful for client? Yes: ______ No____ **General Information:** 1. Has the client been informed as to whether insurance will cover TeleMental Health sessions or not? Yes: No_ 2. Will the client be in a state where you are licensed or have temporary authority to practice? Yes: _____ No____ 3. Is there any other factor/s that indicate TeleMental health technology should not be used to work with this individual? __No __Yes ____ Client Signature: ______ Date: _____ Client accepted for TeleMental treatment? Yes_____No ____ Dr. Thomas A. Parker, LPC, CPCS

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