

# Teletherapy Intake Assessment

## Personal Information

Full Name

Date of Birth

Email Address

Phone Number

Address

Preferred Method of Contact

## Emergency Contact

Contact Name

Relationship

Phone Number

## Medical & Mental Health History

Primary Concern(s)

Current Medications

Previous Therapy Experience

If yes, please describe

Relevant Medical Conditions

## Teletherapy Preferences

Preferred Session Frequency

Best Days and Times for Sessions

Any Additional Notes or Accommodations