

Online Teletherapy Consent and Intake Form

Personal Information

Full Name

Date of Birth

Address

Email

Phone Number

Emergency Contact

Contact Name

Relationship

Contact Phone Number

Therapy Information

Reason for Seeking Therapy / Presenting Issues

Have you attended therapy before?

Goals for Therapy

Teletherapy Consent

I acknowledge that I have read and understand the information regarding teletherapy services including potential benefits, risks, and confidentiality limitations, and I consent to participate in online therapy sessions.

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I agree to the terms of teletherapy as described above.

Signature

Full Name (as signature)

Date

