

**Beljan Psychological Services**  
**Teletherapy Form**

**INFORMATION:**

Clients Names Participating in Sessions: \_\_\_\_\_ Address the  
sessions are taking place: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone number to use if disconnected via zoom : Primary: \_\_\_\_\_ Alternative: \_\_\_\_\_

Email to send session invites: \_\_\_\_\_

If you feel unsafe, or having suicidal ideation, or are a victim of abuse where is the nearest safe place, person, hospital and police department (Crisis Line-1 -800-631-1314 or 602-222-9444)

Emergency Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_

Do I have permission to contact this person in the event there is concern regarding the safety? Y/N

Nearest Hospital:

Nearest Police Department:

Is the location, listed above, a safe and confidential place to receive psychotherapy services? Y/N

Do you feel safe and comfortable sharing emotional vulnerabilities at this location and through zoom services?  
Y/N

Signature of Parents/Clients:

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_