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Tele-Behavioral Health Protocol

Veteran/Client: Please do the following 48 hours prior to the Telehealth Session

- 1. Please fill out this entire sheet as best as possible.** Please make sure addresses are fully written out (e.g. number, street, apt/suite # if applicable, city, state, and zip code). *Send this back to me ASAP before our Telehealth session.*
- 2. Please also sign and return the Telehealth Informed Consent PDF** sent to you (also available online at <http://www.mikeeverson.net/gallery.html>). *Send this back to me ASAP before our Telehealth session.*

Veteran/Client Name:	
Veteran/Client DOB:	
Veteran Last 4 of SSN:	
Veteran/Client Phone #:	

<u>All locations in which you believe you will/could use for your tele-behavioral health session:</u>	
<u>Location description:</u>	<u>Location address:</u>
Home/work/school/etc.	Please provide the full Address, Street, Apt/Suite # (if applies), City, ST, Zip

<u>Veteran's/Client's Emergency Contact</u>	
Please provide at least one contact	
<u>Emergency Contact Name</u>	<u>Emergency Contact Telephone Number</u>