

**Jennifer Brown, LLC**      **Licensed Clinical Social Worker**

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### **Assessment for Fit for Distance Counseling**

Is patient currently suicidal or at risk for becoming suicidal? Yes No

Is patient currently homicidal or at risk for becoming homicidal? Yes No

Does patient report ever having delusions regarding technology? Yes No

Is patient willing to remove firearms or weapons from the home? Yes No

Can the patient identify an appropriate local support person to go to when needed? Yes No

Will patient identify their location & phone no. for each distance counseling session? Yes No

Am I (therapist) competent in addressing this patient's needs via distance counseling? Yes No

Is patient a victim of domestic violence or at risk of being eavesdropped on? Yes No

Does patient have a computer with internet and web counseling program on it? Yes No

Is patient able to secure a confidential location? Yes No

Is patient comfortable with distance counseling? Yes No

Is patient willing to test out web counseling program to assure communication is viable? Yes No

Is patient comfortable handling technology breakdowns and using a back up plan to communicate? Yes No

Emergency Plan for Sessions: Location:

Phone number:

Back up number:

Available In-person Supportive Contact:

Date: \_\_\_\_\_

Jennifer Brown, L.C.S.W. \_\_\_\_\_