

## In-Person Therapy Interest Form

Name of client: \_\_\_\_\_

DOB of client: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Is this client a current client? If so, which therapist do they currently see?

YES    NO                      \_\_\_\_\_

Which therapists is the client willing to see for in-person sessions?

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What days & times would the client be able to do in person sessions?

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How often would in person sessions be desired?

Weekly      Every 2 weeks      Once a month      Other: \_\_\_\_\_

What cities would the client be able to get to for sessions?

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Which in person options are of interest:

- Client's school
- Client's home
- College dorm
- Library study rooms
- College study rooms
- Coffee shops
- Parks

If you or your provider are exposed to coronavirus or any other infection and/or contagious disease, would you rather switch to telehealth until the risk has passed or simply reschedule/temporarily pause sessions?

Switch to telehealth                      Reschedule/temporarily pause

If the client is a child, do they wish to participate in play therapy?                      YES                      NO

If you have insurance, if your insurance does not cover that location, are you willing to switch to self-pay or would you rather return to tele-health or simply seek services elsewhere?

Self-Pay                      Return to tele-health                      Seek services elsewhere                      N/A

Is there anything else you would like to let us know?

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