

Pike Creek Psychological Center  
Crisis Plan for Telehealth

**Client**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Location at time of sessions (City and State): \_\_\_\_\_

Email to be used for link to Telehealth session: \_\_\_\_\_

**Family or Community Support Person/People**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Location at time of sessions (City and State): \_\_\_\_\_

**Local Emergency Department**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_