## **Admission Document Checklist**

Client Name:	
☐ Information Sheet and Service Contact	
☐ Admission, Consent to Treatment, Fees Agreement	
☐ Personal Assessment	
☐ Communications and Social Media Policies	
☐ Received Patient Bill of Rights	
☐ Informed Consent for Telepsychology	
☐ Insurance Card OR Self Pay Agreement	
Client Signature	Date
Cheffic Signature	Date
Therapist Signature	Date