Admission Document Checklist

Client Name: _____

- ☐ Insurance Card OR Self Pay Agreement
- ☐ Information Sheet and Service Contact
- ☐ Admission, Consent to Treatment, Fees Agreement
- ☐ Personal Assessment
- ☐ Communications and Social Media Policies
- ☐ HIPAA Information and Consent Form
- ☐ Received Patient Bill of Rights
- ☐ Informed Consent for Telepsychology (Optional)

Client Signature_____Date_____

Therapist Signature _____Date_____