

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: _____

Provider

Name (with credentials): _____

Location at time of sessions: _____

Phone number: _____

Family or Community Support Person/People

Name: _____ Phone number: _____

Address: _____

Location at time of sessions (City and State): _____

Name: _____ Phone number: _____

Address: _____

Location at time of sessions (City and State): _____

Local Emergency Personnel

Police: _____ Phone Number: _____

Crisis Unit: _____ Phone Number: _____

Other: _____ Phone Number: _____

Local Emergency Department

Name: _____ Phone number: _____

Address: _____

Local Psychiatric Hospital

Name: _____ Phone Number: _____

Address: _____

Family Physician:

Name: _____ Phone Number: _____

Address: _____

Technical Support
