

Tele-Behavioral Health Protocol
 (To be filled out by veteran)

Veteran Name:	
Veteran DOB:	
Veteran Last 4 of SSN:	
Veteran Phone Number:	

All locations in which you will/could use for your tele-behavioral health session:	
<u>Location description:</u> Home/work/school/etc.	<u>Location address:</u>

<u>Veteran's Emergency Contact</u>	
<u>Emergency Contact Name</u>	<u>Emergency Contact Telephone Number</u>