

1. Are you currently suicidal? *If yes, determine intent, means, and plan, and get emergency assistance.*
2. Have you ever been suicidal? Last time?
3. Are you homicidal? *If yes, determine intent, means, and plan, and get emergency assistance.*
4. Have you ever felt homicidal? Last time?
5. Have you been diagnosed or hospitalized with a mental disorder such as schizophrenia, schizo-affective disorder, Bipolar, Borderline Personality, etc.? If yes, when was date of release?
6. Are you under the care of a psychiatrist? If yes, what is the nature of that care?
7. Do you experience panic attacks? If yes, when was last panic attack?
8. Do you have Post-Traumatic Stress Disorder?
9. Do you have any medical conditions at all that would impede your ability to have an online therapy session?
10. Are you taking any legal or illegal drugs (including alcohol or marijuana), which may impede your ability to have an online therapy session?
11. Do you require a nurse or medical assistance to use your computer?
12. Do you have 24-hour access to a telephone?
13. Do you have access to the internet?
14. Do you have an email address?
15. Do you have a private room that can be used for counseling?
16. Have you completed and signed the tele-mental informed consent form, professional disclosure statement, Thrive Registration form, and all other forms required for counseling through Thrive Counseling & Consulting PLLC's Tele-mental counseling program? (If not, do you need assistance with these forms?)