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CONSULTATION APPLICATION

This information will be used to contact you.

Name: ____
Address: ____
Contact Number: ___________________________ **Emergency Contact** ____________________________
Email Address: ____
Website: ____

This information will allow me to identify if your current position applies as clinical work.

Who is your current employer? ____
What is your current position? ____
Please check all that apply for your position.

- ☐ Assessment
- ☐ Psychotherapy
- ☐ Other psychosocial-therapeutic interventions
- ☐ Consultation
- ☐ Family Therapy
- ☐ Group Therapy

Do you work for a community agency? Yes or No
If so, what type (circle all that apply): Outpatient Residential Mental Health D&A Youth Adults Seniors
How many hours you work per week? ____
What is your current license? (circle one): LPC LMFT LCSW LSW PsyD PhD
Do you work in private practice? Yes or No
If so, what type (circle one): Individual or Group
Do you own your own private practice? (circle one): Yes or No
If so, Part-Time or Full-Time (circle one)
If so, how long have you owned your private practice? _________________________________

This information will help me to identify if I would be an appropriate fit for consultation.

Why are you seeking consultation at this time? ____
____
____
____

What are your goals for consultation?

What do you believe you can benefit from learning from me as your consultant?

Describe your role/duties/work as a licensed professional?

What do you love most about your current role/duties/work?

What is the most challenging about your role/duties/work position?

What does your current self-care routine look like?

Where do you see yourself in five years?

Official Use Only:

Scheduled Time to Meet in Person:
- ☐ Yes
- ☐ No

Met in Person:
- ☐ Yes
- ☐ No

Results of Consultation:

Updated: 1/14/2020