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CONSULTATION APPLICATION

This information will be used to contact you.

Name: _____

Address: _____

City, State, Zip Code: _____

Number: _____

Email: _____

Website: _____

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

Your current employer and position: _____

Please check all that apply for your position.

- | | |
|---|---|
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Therapy |
| <input type="checkbox"/> Other psychosocial-
therapeutic interventions | <input type="checkbox"/> Group Therapy |

Are you currently working at a community agency? _____

If so, what type (check all that apply) Outpatient Residential

Mental Health D&A Adults Seniors Youth

What is your current license? LPC LMFT LCSW LSW PsyD PhD

Do you work in private practice? Yes No

If so, what type: Solo Group

Do you own your own private practice? Yes No

If so, Part-Time Full-Time How long have you owned your practice? ____

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

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 current role/duties/work?

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 professional consultant?

What does your current self-care routine look like?

I understand that individual consultation is \$100 per hour. Payment will be made prior to session via Venmo. I will cancel/reschedule supervision within 24 hours and if not, this could potentially end the professional consult/consultant relationship. Consultation will take place online via Doxy.me, a HIPPA compliant telehealth system.

_____ **Date:** _____