

TCTI The Counseling Team International

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DEA-EAP: CONSULTATION REQUEST FORM

Authorization Number _____

Division: _____ SAC: _____ ASAC: _____ RAC: _____
RAC: _____

Address: _____ Phone: _____

Date(s) of Consultation: _____

Type of Consultation:

_____ Management Organizational Crisis Intervention

Purpose for Consultation: (Manager Concerns, Initial Problem Statement)

Estimated Hours Required: _____ Estimated Travel Time: _____ Estimated Travel Cost: _____

Requesting Manager's Name: _____
Printed Signature

Area Clinician Requested _____
Printed Signature

Review of Request: _____ Date: _____
Administrative Clinician

Hours Approved: _____

DENIED _____