The Counseling Team International
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CONSULTATION REQUEST FORM

Case Number _____

Division: _____ **SAC/ASAC/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** _____