



**The Counseling Team International**

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**CONSULTATION REQUEST FORM**

Area Clinician: \_\_\_\_\_

Requesting Manager: \_\_\_\_\_ Division: \_\_\_\_\_

Office/Address: \_\_\_\_\_

Date(s) of Consultation: \_\_\_\_\_ Type of Consultation: \_\_\_\_\_

\_\_\_\_\_  Management  Organizational  Crisis Intervention  Other: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Consultation Hours: \_\_\_\_\_ Estimated Travel Time: \_\_\_\_\_ Estimated Mileage: \_\_\_\_\_

Estimated Flight costs: \_\_\_\_\_ Lodging needed? Yes No If yes, how many nights: \_\_\_\_\_

**For Office Use Only:**

Per Diem: \$ \_\_\_\_\_ Travel Reimbursement Estimate: \$ \_\_\_\_\_ Consultation Estimate: \$ \_\_\_\_\_

Estimated Total Consultation Costs: \$ \_\_\_\_\_

Approved Denied By: \_\_\_\_\_ Date: \_\_\_\_\_