



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 _____