

# Consultation Form

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## Objective(s)

Please list your main objective(s) for today's consult (main areas of concern)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

## Specific Questions regarding Implementation of Modality

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Specific Questions regarding Technique:

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Other Questions or Concerns regarding Modality/Technique

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Specific Client) Case Consultation**

At what stage of therapy are you in with this client:

Stabilization  Working Through Trauma

- Presenting Issue(s) and Why Now?

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- Brief History (How long has client been in therapy? with you? Client’s trauma history? attachment issues? Client’s goals for therapy? etc.)

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- How well resourced is the client, i.e., did client present with sufficient internal and external supports?

Yes  No

- If NO , list what has been done to internally resource client, i.e., Which DBT skills have been taught and implemented; self soothing techniques taught and implemented? arousal reduction techniques taught and implemented? installation of resources using multi-sensory imagery with or without alternating bilateral stimulation, e.g. Container, Comfortable Place, Protector Figure, Nurturing Figure, adult Self:

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**Questions regarding Client(s):**

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