

## Consultation: Consultee Information Form

Date: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Address: \_\_\_\_\_

May I send correspondence here? \_\_\_\_\_ Email address: \_\_\_\_\_

Home phone \_\_\_\_\_ Work/cell phone \_\_\_\_\_ May I leave a message? \_\_\_\_\_

Emergency Contact (Name, Phone#, Relationship): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer/Self-Employed: \_\_\_\_\_

Referred by: \_\_\_\_\_ May I thank them? \_\_\_\_\_

This form is for information-gathering only. Your answers will be kept confidential. You will not be judged or diagnosed by your answers, nor expected to maintain the status quo. Feel free to add any other information you think might be useful / use the back.

Describe briefly what motivates you to seek consultation at this time.

What are your goals for consultation and how will you know if it is helping?

What have been your previous experiences in supervision/consultation? What worked well for you and what did not work well for you?

What are your hopes about what you will gain in consultation?

What are your fears about consultation?

Describe your work – populations served, specialties, setting, specific challenges, and sources of stress.

Describe your theoretical orientation, training background, and areas where you wish to gain more knowledge.

What are your long-term professional goals?

Please describe the strategies you use most often for coping with stress.

How familiar are you with the concepts of compassion fatigue, compassion satisfaction, burn-out, and vicarious trauma?  
Are you interested in exploring and learning more about the secondary impact of your work?

Please describe briefly your spiritual practices/beliefs, if any, and how you feel they support and/or challenge you in your work. Are you open to discussing this in the context of your work?

How is your physical health?

How is your sleep?

How do you feel about how you eat?

What is your daily caffeine intake? Nicotine?

Do you drink alcohol? If so, how many drinks do you average per week?

What kinds of exercise do you get, and how often?

Describe your support system.

What do you do for fun?

What else should I know about you at this time?

*Thank you for sharing this information. It will be held in confidence.*