

Initial Consultation

Date

Names

Address

Phone numbers

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1. *Why are you here?*
 2. *What is the need?*
 3. *What do you want us to do?*
 4. *What have you tried already?*
 5. *Why hasn't that worked?*
 6. *Has anything worked?*
 7. *What kind of support do you have?*
 8. *What difference would it make if we didn't do anything?*
 9. *What is the most cost effective way to proceed?*
 10. *What resources do we have to help?*
 11. *What kind of time are we looking at?*
 12. *What kind of money is this going to take?*
 13. *Are the parties ready to do something at this time?*
 14. *What kind of plan is this going to require?*
 15. *Who is going to do what?*
 16. *Who has the responsibility to do what?*
 17. *Do all the people want to do this?*
 18. *Is there an easier way?*
 19. *Who do we need to call/contact first?*
 20. *What is our next step?*
 21. *What additional information do I need to collect/give?*
 - *Consent for Treatment _____*
 - *Releases of Information _____*
 - *Patient Agreement _____*
 - *Emergency Checklist _____*
 - *Referral Guidelines _____*
 - *Quick Test _____*
 - *Follow up Session _____*
 - *Fee Information _____*
 - *Business Card _____*
 - *Brochure _____*