



Lindsay Martin, PhD, LPC, NCC

Licensed Professional Counselor

lindsay@drlindsaymartin.com

www.drlindsaymartin.com

Clinical Consultation Record

Consultee Name: _____

Consultant Name: _____

Date of Consultation: _____

Duration of Consultation: _____

Consultation Session Number: _____

Type of Consultation: _____

Consultation Location: _____

1. Case Presentation:

- a. Brief overview of the client's presenting issues.
- b. Discussion of assessment, diagnosis, and treatment planning.

2. Therapeutic Interventions:

- a. Exploration of therapeutic techniques used.
- b. Assessment of the effectiveness of interventions.

3. Ethical and Legal Considerations:

- a. Discussion of any ethical or legal dilemmas.
- b. Consultation on appropriate courses of action.

4. Professional Growth and Development:

- a. Reflection on the consultee's professional goals.
 - b. Identification of areas for continued development.
-

5. Specific Questions and Concerns:

Question 1:

- a. [Consultee's question or concern]
- b. [Consultant's response and recommendations]

Question 2:

- c. [Consultee's question or concern]
 - d. [Consultant's response and recommendations]
-

6. Action Items:

Immediate Action Steps:

- a. Specific tasks or interventions to be implemented following the consultation.

Long-Term Goals:

- Professional development goals based on the consultation discussion.
-

Acknowledgements

Consultee Name _____

Consultee Signature _____

Date _____

Consultant Name _____

Consultant Signature _____

Date _____