



# ELEMENTAL COUNSELING & CONSULTING, LLC

CREATING PATHWAYS FOR CONNECTION

## **Supervision: Initial Case Consult**

Therapist Name:

Client or Case Initials:

Type of Case (individual, couple, family):

Client(s) Age(s):

Treatment Start Date:

Number of Sessions to Date:

1. Risk Assessment (1/Low-10/High)

Please Note Concerns:

2. Level of Client(s) Engagement (1/Low-10/High)

Please Note Concerns:

3. Level of Client(s) Motivation (1/Low-10/High)

Please Note Concerns:

4. Presenting Issues/Concerns:

5. Diagnosis and support for diagnosis:

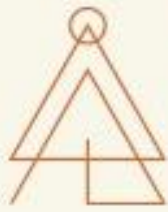
6. Treatment plan (i.e., goals for treatment):

7. Relevant Information (such as, medication, medical issues/concerns, stressors and/or adjustment concerns, court-related, substance use, cultural-related):

8. Theoretical Orientation for Course of Treatment:

9. Potential Concerns for Transference and/or Countertransference:

10. Attach Genogram and Systemic Hypothesis:



# ELEMENTAL COUNSELING & CONSULTING, LLC

CREATING PATHWAYS FOR CONNECTION

## **Supervision: Weekly Case Consult**

Therapist Name:

Date:

1. Client or Case Initials:

Number of Sessions to Date:

To date, I am most concerned about the client(s)' (e.g., behaviors, thoughts, beliefs, attitudes, relationships, level of motivation, risk, future directions, standard of care, etc.):

Current Questions and/or Guidance Needed:

2. Client or Case Initials:

Number of Sessions to Date:

To date, I am most concerned about the client(s)' (e.g., behaviors, thoughts, beliefs, attitudes, relationships, level of motivation, risk, future directions, standard of care, etc.):

Current Questions and/or Guidance Needed:

3. Client or Case Initials:

Number of Sessions to Date:

To date, I am most concerned about the client(s)' (e.g., behaviors, thoughts, beliefs, attitudes, relationships, level of motivation, risk, future directions, standard of care, etc.):

Current Questions and/or Guidance Needed: