

**Consultation Form**

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why are you seeking consultation services? What is the situation now?

1. What would you like the situation to look like? Perception of consultation.
2. What is your timeline?
3. What is your mission statement? Explain.
4. What work setting are you considering for your project? Why?
5. What is your company’s current budget for implementation of your plan?
6. Are you comfortable receiving feedback? Why or why not?
7. How do you prefer to receive feedback? Why is this method preferred?

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 Client’s name

1. Have you had a previous Consultant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any additional Q’s: