## Phone Consult Preparation Form The Sensory Connection Program Karen Moore OTR/L

Organı	zation:Location:
Consul	t participant(s):
Date:_	Date of Consult
	Phone Number
1.	Please list each of the participants and their credentials and discipline.
2.	Please describe your organization, facility or unit. (Number of patients, diagnoses, length of stay, etc.)
3.	Do you have occupational therapists on your staff? Explain their role.
4.	Are you presently using and sensory approaches? (Sensory assessments, sensory room, sensory cart, sensory related groups, education of patients/clients on sensory coping skills, etc.)
5.	Are you using any Sensory Connection Program books or materials? Explain.
6.	Are any of your staff trained in the use of sensory modalities? Explain.

7.	Do you offer any groups in your program? Please list them and how often they occur.
8.	What made you want to engage in this consult?
9.	What are your biggest challenges in regards to your program or unit?
10.	What is your unit history in terms of restraint and seclusion? Are these methods still being used? Please explain.
11.	Please list three or more goals for this consult.