Counselor name, number, address	Accept new pa-tients?	Take our in-sur-ance?	Sliding scale fee?	Experi-ence with disorder?	Experi-ence with DBT(etc) therapy?	Evening and weekend appoint-ments?	Phone avail-ability?	Years in prac-tice?	Loca-tion/ geo-graphy: conveni ent?	Steady? Plans to move? Take sabbat-ical? Retire soon?	Notes