Behavioral Health Practitioner Questionnaire

Practitioner Name: ________________________________  □ Psychiatrist  □ Psychologist  □ CSW-R

Address: ______________________________________  Phone: ________________________

Patients’ Age Range:  □(0-3)  □(3-5)  □(6-9)  □(10-12)  □(13-20)  □(21-64)  □(65-80)  □(80+)

Techniques:
- □ Biofeedback
- □ Relaxation techniques
- □ Hypnosis
- □ Psychological testing (adult)
- □ Psychological testing (child)
- □ Play therapy
- □ Neuropsychological testing
- □ ECT
- □ Dissociative Disorders (024)
- □ Dually Diagnosed (026)
- □ End of Life Issues (79)
- □ Eating Disorders (028)
- □ Electroconvulsive Therapy (71)
- □ Family (030)
- □ Forensics (031)
- □ Gay/Lesbian Issues (032)
- □ Geriatrics (033)
- □ Grief Reaction/Bereave (035)
- □ Group (034)
- □ Handicapped (036)
- □ Head Trauma (037)
- □ HIV/AIDS
- □ Hypnotherapy (038)
- □ Infertility (039)
- □ Learning Disability/Hyperactivity (040)
- □ Marital/Step/Divorce (041)
- □ Medication Management (72)
- □ Men’s Issues (042)
- □ Mental Health Issues
- □ Neuropsychological Test (043)
- □ Obsessive Compulsive Disorders (73)
- □ Personality Disorders
- □ Postpartum Issues (74)
- □ Prenatal Issues (75)
- □ Psy Aspects of Med (044)
- □ Psychological Testing (046)
- □ Psychosomatic (047)
- □ PTSD (048)
- □ Rape Int/Crisis (049)
- □ Schizophrenia Thought Disorder (050)
- □ Separation and Loss (051)
- □ Sex Offender Assess/Treat (052)
- □ Sexual Abuse (053)
- □ Sexual Disorders (054)
- □ Sleep Disorders (055)
- □ SMI/Emotionally Disturbed (057)
- □ Smoking Cessation (056)
- □ Stress Management (058)
- □ Supervisory Training (059)
- □ Terminal Illness/Death (060)
- □ Trained Workers Comp (061)
- □ Transgender Issues (81)
- □ Victims/Perpetrators of Physical Abuse (066)
- □ Wellness EDC Seminar (062)
- □ Women’s Issues (063)
- □ Workplace Issues (064)

Based on your training and/or expertise, which of the following employee’s assistance services would you be qualified to provide?

- □ Assessment  □ Yes  □ No
- □ Management Consulting  □ Yes  □ No
- □ Supervisor Training  □ Yes  □ No
- □ Employee Orientation (EAP)  □ Yes  □ No
- □ Critical Incident Response  □ Yes  □ No
Are you able to provide:

- Special service for the hearing impaired? □ Yes □ No
- Service for non-English speaking patients? □ Yes □ No

If yes, please specify ________________________________

Do you have expertise in the treatment of patients with multi-cultural issues? □ Yes □ No

If yes, please specify ________________________________

Please indicate any disorders or types of patients you will **not** accept for treatment

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Have you elected to “opt out” of participation with Medicare?

□ No □ Yes If yes, what is the effective date? ________________________________

I do have emergency call coverage arrangements with other participating providers. □ Yes □ No

The following participating providers give emergency call coverage for my patients:

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