



Behavioral Health Practitioner Questionnaire

Psychiatrist Psychologist CSW-R LMHC

Practitioner Name: _____ Independent Nurse Practitioner Licensed Behavioral Analyst

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	Neuropsychological testing
ECT	Play therapy	Psychological testing (adult)	Psychological testing (child)

Other (please specify) _____

Areas of Expertise

- | | | |
|---|---|--|
| ADHD (001) | Critical Incident Stress Debriefing (065) | Neuropsychological Test (043) |
| Adolescents (002) | Cultural/Ethnic Issues (78) | Obsessive Compulsive Disorders (73) |
| Adoption (003) | Depression (70) | Personality Disorders |
| Adults (004) | Developmental Disability (022) | Postpartum Issues (74) |
| Affective Disorders (005) | Dialectical Behavior Therapy (023) | Prenatal Issues (75) |
| AIDS Counseling in HIV/AIDS (67) | Dissociative Disorders (024) | Psy Aspects of Med (044) |
| Anxiety/Panic/Phobia Disorder (006) | Divorce/Blended Family Issues | Psychological Testing (046) |
| Autism Spectrum Disorders (68) | Drug/Alcohol Abuse/Co-Depend (025) | Psychosomatic (047) |
| Bariatric Assessment (76) | Dually Diagnosed (026) | PTSD (048) |
| Behavior Disorders Adoles (008) | Eating Disorders (028) | Rape Int/Crisis (049) |
| Behavior Disorders Child (007) | Electroconvulsive Therapy (71) | Schizophrenia Thought Disorder (050) |
| Behavior Modification | Employee Mediation (029) | Separation and Loss (051) |
| Behavior Therapy (009) | End of Life Issues (79) | Sex Offender Assess/Treat (052) |
| Behavioral Therapy for Autism (80) | Family (030) | Sexual Abuse (053) |
| Biofeedback (010) | Forensics (031) | Sexual Disorders (054) |
| Bipolar Disorders/Manic Depressive (69) | Gay/Lesbian Issues (032) | Sleep Disorders (055) |
| Borderline Pers/Trait (012) | Geriatrics (033) | SMI/Emotionally Disturbed (057) |
| Brief/Focused Treatment (011) | Grief Reaction/Bereave (035) | Smoking Cessation (056) |
| CEAP (013) | Group (034) | Stress Management (058) |
| Certified Batterers Assessors (014) | Handicapped (036) | Supervisory Training (059) |
| Chemical Dependency | Head Trauma (037) | Terminal Illness/Death (060) |
| Child Abuse (015) | HIV/AIDS | Trained Workers Comp (061) |
| Children (016) | Hypnotherapy (038) | Transgender Issues (81) |
| Christian Therapy (017) | Infertility (039) | Victims/Perpetrators of Physical Abuse (066) |
| Chronic Pain (018) | Learning Disability/Hyperactivity (040) | Wellness EDC Seminar (062) |
| Cognitive Behavioral (019) | Marital/Step/Divorce (041) | Women's Issues (063) |
| Compulsive Gambling (77) | Medication Management (72) | Workplace Issues (064) |
| Court Ordered Evaluations (020) | Men's Issues (042) | |
| Crisis/Victims of Trauma (021) | | |

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:

Name	Degree	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____