

## ***PROVIDER PROFILE***

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

Year licensed: \_\_\_\_\_

Name of graduate school: \_\_\_\_\_

Year graduated: \_\_\_\_\_

**Please check the following treatment populations that you are able to treat.**

**\*\*Age Group\*\***

- Children {Ages \_\_\_ to \_\_\_}
- Adolescent
- Adult
- Geriatric

**\*\*Languages\*\***

- Sign Language
- Other language fluently spoken beside English:  
\_\_\_\_\_

**\*\*Techniques\*\***

- Cognitive Therapy
- Couples Therapy
- DBT (Dialectical Behavioral Therapy)
- EFT (Emotionally Focused Therapy)
- EMDR (Eye Movement Desensitization & Reprocessing)
- Exposure and Response Prevention (ERP)
- Family Counseling
- Habit Reversal Therapy
- Play Therapy

**\*\*Techniques requiring Management**

**Authorization\*\***

- Hypnotherapy
- Psych Testing

**\*\*Specialties\*\***

- Adoption Issues
- Autism
- ADHD/ADD  
(Attention Deficit/  
Hyperactivity Disorder)
- Adults abused/molested as children
- Adult/ children of Alcoholics
- Anger Management
- Anxiety/Stress Mgt.
- Bariatric
- Bipolar Disorder
- Chemical Dependency
- Child Abuse/Molestation
- Christian Focus
- Chronic Fatigue Syndrome
- Chronic/Terminal Illness
- Crisis Intervention
- Disability
- Divorce
- Domestic Violence
- Gay/Lesbian Issues
- Grief/Loss
- Infertility
- Learning Disabilities
- Minority Issues Specify:  
\_\_\_\_\_
- Multiple Personality
- Obsessive Compulsive Disorder
- Panic Disorders
- Pervasive Developmental Disorders
- Phobias
- Post-Partum
- PTSD (Post Traumatic Stress Disorder)
- Schizophrenia
- School Violence
- Selective Mutism
- Sexual Compulsive Behavior
- Sexual Dysfunction
- Sports Psychology
- Step/Blended Families
- Tourette's syndrome
- Knowledge in 12-Step
- Other (Specify):  
\_\_\_\_\_

**Please list the treatment areas above in which you have specialized training: \_\_\_\_\_**

## PROVIDER PROFILE

(This information is given to PsyCare office staff to be used as an aid in referrals.)

License #: \_\_\_\_\_

DEA# (MDs Only): \_\_\_\_\_

CAQH #: \_\_\_\_\_

Date Licensed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

General Provider Information (okay to disclose to patients):

\_\_\_\_\_

### **Provider profile for exceptional psychiatric conditions. Please select Y or N from drop-down:**

1. Would you accept treating a patient who suffers from:

a. Autism Spectrum Disorder -  Yes  No

b. Dementia -  Yes  No

c. Eating Disorder(s) -  Yes  No Specify: \_\_\_\_\_

d. Encopresis/Enuresis -  Yes  No

e. Gender Identity Issues -  Yes  No

f. HIV/AIDS (provided diagnosis disclosed by patient) -  Yes  No

g. PTSD (combat related) -  Yes  No

h. PTSD (noncombat related) -  Yes  No

i. Traumatic Brain Injury/Severe neurologic conditions -  Yes  No

j. Trichotillomania -  Yes  No

k. Other \_\_\_\_\_ -  Yes  No

2. Would you accept treating a patient who suffers from substance use disorder and is willing to cut back use, agree to level of care recommended (i.e., inpatient/detox/partial hospitalization program/IOP/rehab-sober living/AA/NA/smart recovery/other \_\_\_\_\_) and commit to abstinence for the substance/s:

a. Alcohol -  Yes  No

b. Opiates -  Yes  No

c. Benzodiazepine/sedative hypnotics -  Yes  No

d. Stimulants (i.e., cocaine, amphetamine) -  Yes  No

e. Marijuana ("medical card" or recreational) -  Yes  No

f. Other \_\_\_\_\_ -  Yes  No