

Practitioner Referral Information

Date		Name & License		NPI#	
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Practice Information

Practice Name					
Website					
Phone					
Address					
City		State		Zip	

Select Age/Populations

<input type="checkbox"/> Child (ages 1-5)	<input type="checkbox"/> Child (ages 6-12)	<input type="checkbox"/> Adolescent (ages 13-17)	<input type="checkbox"/> Adults (ages 18+)	<input type="checkbox"/> Seniors (ages 60+)
<input type="checkbox"/> Men's Chemical Health Services	<input type="checkbox"/> Men's Mental Health Services	<input type="checkbox"/> Women's Chemical Health Services	<input type="checkbox"/> Women's Mental Health Services	<input type="checkbox"/> Military & Veterans
<input type="checkbox"/> Refugees	<input type="checkbox"/> Families	<input type="checkbox"/> Couples		

Select Mental Health/Chemical Health Conditions you treat regularly

<input type="checkbox"/> ADHD Evaluation	<input type="checkbox"/> Adoption Issues	<input type="checkbox"/> Alzheimer's/ Memory Loss	<input type="checkbox"/> Ambulatory Detox-Buprenorphine	<input type="checkbox"/> Anger Management
<input type="checkbox"/> Anxiety Disorders	<input type="checkbox"/> Attachment Disorder	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Brain Injury Behavioral Health
<input type="checkbox"/> Cancer Related Issues	<input type="checkbox"/> Chemical Dependency Issues	<input type="checkbox"/> Chronic Pain/Pain Management	<input type="checkbox"/> Clergy Abuse	<input type="checkbox"/> Conduct/Disruptive Disorder
<input type="checkbox"/> Domestic Violence/Perpetrators	<input type="checkbox"/> Domestic Violence/Victims	<input type="checkbox"/> Dual Diagnosis (MH/CH)	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Feeding Problems in Children
<input type="checkbox"/> Fetal Alcohol Syndrome	<input type="checkbox"/> Fibromyalgia Related Issues	<input type="checkbox"/> Forensic Evaluation	<input type="checkbox"/> Gambling Addiction	<input type="checkbox"/> Gay, Lesbian, Transgender, Bisexual Issues
<input type="checkbox"/> Grief and Loss Issues	<input type="checkbox"/> Hearing Impaired Behavioral Health	<input type="checkbox"/> HIV/AIDS Issues	<input type="checkbox"/> Impulse Control Disorder	<input type="checkbox"/> Medical Issues/Chronic Illness
<input type="checkbox"/> Medication	<input type="checkbox"/> Mute/Sele	<input type="checkbox"/> Obsessive	<input type="checkbox"/> Parents with	<input type="checkbox"/> Personality

Evaluation & Management	ctive Mutism	Compulsive Disorder	Special Needs Children	Disorders
<input type="checkbox"/> Pervasive Developmental Disorder	<input type="checkbox"/> Post-Traumatic Stress Disorder	<input type="checkbox"/> Postpartum Depression	<input type="checkbox"/> Pre-Bariatric Surgery	<input type="checkbox"/> Psychotic Disorders
<input type="checkbox"/> Reproductive Health Related Issues	<input type="checkbox"/> Serious and Persistent Mental Illness	<input type="checkbox"/> Sexual Abuse Perpetrators Eval & Treatment	<input type="checkbox"/> Sexual Abuse Survivors Eval & Treatment	<input type="checkbox"/> Sexual Addiction/Compulsive Sexual Behavior
<input type="checkbox"/> Sexual and Gender Identity Disorders	<input type="checkbox"/> Sexual Dysfunction Issues	<input type="checkbox"/> Sleep Disorders	<input type="checkbox"/> Somatoform Disorder	<input type="checkbox"/> TIC Disorders
<input type="checkbox"/> Torture Victims	<input type="checkbox"/> Tourette's Syndrome	<input type="checkbox"/> Trichotillomania	<input type="checkbox"/> Trauma Recovery	<input type="checkbox"/> Self Harm

Select Mental Health/Chemical Health Types you use regularly

<input type="checkbox"/> ADHD Therapy	<input type="checkbox"/> Biofeedback Therapy	<input type="checkbox"/> Chemical Health Assessments	<input type="checkbox"/> Cognitive-Behavioral Therapy	<input type="checkbox"/> Dialectical Behavior Therapy
<input type="checkbox"/> EMDR	<input type="checkbox"/> Faith-based Counseling	<input type="checkbox"/> Family Therapy	<input type="checkbox"/> Hypnosis	<input type="checkbox"/> Integrative Medicine
<input type="checkbox"/> Medication Management/ Psychotherapy	<input type="checkbox"/> Mindfulness Therapy	<input type="checkbox"/> Narrative Therapy	<input type="checkbox"/> Neuropsychological Testing	<input type="checkbox"/> Play Therapy
<input type="checkbox"/> Psychodynamic Psychotherapy	<input type="checkbox"/> Psychological Testing	<input type="checkbox"/> Other _____		

Select Culture/Language/Religious experience or competencies

<input type="checkbox"/> African American Culture	<input type="checkbox"/> African Culture	<input type="checkbox"/> Bosnian Culture	<input type="checkbox"/> Cambodian Culture & Language	<input type="checkbox"/> Chinese Culture & Language
<input type="checkbox"/> East Indian Culture & Language	<input type="checkbox"/> Hispanic Culture & Language	<input type="checkbox"/> Hmong Culture & Language	<input type="checkbox"/> Japanese Culture & Language	<input type="checkbox"/> Korean Culture & Language
<input type="checkbox"/> Laotian Culture & Language	<input type="checkbox"/> Middle Eastern Culture & Language	<input type="checkbox"/> Native American Culture	<input type="checkbox"/> Russian Culture & Language	<input type="checkbox"/> Somali Culture & Language
<input type="checkbox"/> Vietnamese Culture & Language	<input type="checkbox"/> Buddhist Counseling	<input type="checkbox"/> Christian Counseling/Incorporated Principles	<input type="checkbox"/> Jewish Culture	<input type="checkbox"/> Muslim Culture

Specializations/Please list any of the above

