2008 MPA Referral Service

Name: **County:** **Zip:** **M** ☐ **F** ☐ **Age:**

ADDRESS WHERE CLIENT IS SEEN:

PHONE NUMBER/EMAIL *FOR CLIENTS*:

IMPORTANT EMAIL NOTE: All referral service participants have their email printed on the web so it is accessible to clients. In order to protect your privacy, if you do not wish to have your email printed, please check here _____. If you have a separate email for clients that you wish printed please list here:

____

APA ☐ **LISTED IN NATIONAL REGISTER** ☐

DEGREE: **DATE REC'D:**

GRADUATE SCHOOL:

NUMBER OF YRS IN PRIVATE PRACTICE:

List the top five (5) Areas of Expertise Dealt with in your Daily Practice. (AS LISTED ON NEXT PAGE)

(1)
(2)
(3)
(4)
(5)

Managed Care Panels: Please indicate if you are a provider for the panels listed below and list any other managed care panels you are currently enrolled in. This information is very helpful to consumers seeking our assistance in locating an appropriate psychologist for them. Thank you.

Medical Assistance ☐
Medicare ☐
(1) ______________________________
(2)______________________________
(3) ______________________________
(4) ______________________________
(5) ______________________________
(6)______________________________
(7) ______________________________
(8) ______________________________
(9) ______________________________
(10) _____________________________

NONE ☐

(*Office USE ONLY*. Useful information when giving some referrals)

Religion: ____________________________________

Race/Ethnicity: ______________________________

TARGET POPULATION: Please indicate percentage of your practice that falls into each category

1 - 4	**%**	**19 - 25**	**%**
5 - 11	**%**	**26 - 64**	**%**
12 - 18	**%**	**65+**	**%**

TREATMENT MODALITY:
Individual ☐ **Group** ☐
Couple ☐ **Group Types:**
Family ☐

Theoretical Orientations:

Adlerian ☐
Behavioral Modification ☐
Cognitive ☐
DBT ☐
Directive ☐
Eclectic ☐
EMDR ☐
Ericksonian
Existential/Phenomenological ☐
Family Systems ☐
Gestalt/Experiential ☐
Humanistic ☐
Imago ☐
Insight Oriented ☐
Integrative ☐
Interpersonal ☐
Jungian ☐
Logotherapy ☐
MindBody ☐
Non-directive ☐
Object Relation ☐
Personal Construct ☐
Psychoanalytic ☐
Psychodynamic ☐
Relational ☐
Self Psychology ☐
Short Term Focused ☐
Solution Focused ☐
Strategic ☐
Structural Family Tx ☐
Thought Field Tx ☐
Transactional Analysis ☐

PRIMARY SERVICES OFFERED:

Academic/Teaching ☐
Administration ☐
Community ☐
Consulting ☐
Counseling ☐
Developmental ☐
Education/school ☐
Evaluations/Psychodiagnostics ☐
Executive Coaching ☐
Forensic ☐
Hypnotherapy ☐
Industrial/Organizational ☐
Mediation ☐
Neuropsychology ☐
Neurofeedback (biofeedback) ☐
Psychotherapy ☐
Research ☐
Supervision/Clinical ☐

LANGUAGES: In addition to English, I am fluent in the following languages, including ASL:

____

OPTIONAL INFORMATION:

Sliding Scale: ☐
Accepts deaf patients: ☐
Provides Home visits: ☐
Office is wheel chair accessible: ☐

Date Referrals Given at MPA