

2016 MPA Referral Service

(To indicate your choice where there is a checkbox , you may either highlight your choice or put an "X" next to the checkbox)

Name: _____ County: _____ Zip: _____ M F Age: _____

ADDRESS WHERE CLIENT IS SEEN:

PHONE NUMBER:

EMAIL FOR CLIENTS:

WEBSITE:

APA LISTED IN NATIONAL REGISTER

DEGREE: _____ DATE REC'D: _____

GRADUATE SCHOOL: _____

NUMBER OF YRS IN PRIVATE PRACTICE: _____

MANAGED CARE PANELS:

Medical Assistance

Medicare

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____
- (7) _____
- (8) _____
- (9) _____
- (10) _____

NONE (FEE FOR SERVICE)

SLIDING SCALE:

AGES SERVED:

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

Infants & Toddlers	%	Young Adults	%
Children	%	Adults	%
Adolescents	%	Geriatrics	%

SESSION FORMAT:

Individual Group
Couples Group Type: _____
Family _____

Assessment/Evaluation/Testing Services:

- Achievement
- ADHD/ADD
- Adoption
- Child Custody
- Court Ordered
- Developmental Disabilities
- Fitness-for-Duty
- Forensic
- Gastric Bypass
- Gifted & Talented
- Immigration
- Intelligence
- Learning Disabilities
- Neuropsychological
- Occupational
- Personality
- Police/Law Enforcement
- Psycho-Educational
- Sexual Offender
- Social Security Determination
- Worker's Compensation

Services Offered:

- Acceptance & Commitment Tx
- Art Therapy
- Behavior Modification
- Business Mediation
- Business/Organizational Consulting
- Career Counseling
- Clinical
- Clinical Consulting/Supervision
- Coaching
- Cognitive-Behavior Therapy
- Conflict Resolution
- Counseling
- Critical Incident Stress Management
- Developmental
- Dialectical Behavior Therapy (DBT)
- Directive
- Divorce Mediation
- Eclectic
- EMDR
- Evaluations
- Evaluations/Psychodiagnostics
- Family Systems
- Home Visits
- Hypnotherapy
- Imago
- Jungian
- Marriage Counseling
- Mind Body
- Music Therapy
- Neurofeedback (Biofeedback)
- Neurolinguistic Programming, NLP
- Parent Coordination
- Pastoral Counseling
- Pet-Assisted Therapy
- Play Therapy
- Psychoanalytic Therapy
- Psychodrama
- Psychodynamic Therapy
- Psychotherapy
- Rehabilitation
- Sex Therapy
- Short Term Focused Therapy
- Smoking Cessation
- Supervision/Clinical

SPECIFIC AREAS DEALT WITH IN YOUR DAILY PRACTICE: please select those areas you are comfortable addressing in your practice on a day-to-day basis. Thank you.

(To indicate your choice where there is a checkbox , you may either highlight your choice or put an "X" next to the checkbox)

- Addictive Behavior
- ADHD/ADD: Treatment
- Adoption/Foster Care
- Adult Children of Alcoholics (ACOA)
- Adult Emotional Abuse/Neglect
- Aggressive Behavior
- AIDS/HIV Related Issues
- Alcohol/Substance Abuse
- Anger Management
- Anxiety
- Attachment Disorder
- Autism/Asperger's Disorder

- Behavior Problems
- Bipolar Disorder
- Bi-racial Couples/ Marriages
- Blind/Vision Impaired
- Bullying: Offenders
- Bullying: Victims

- Cancer/Lupus
- Care Giving/Eldercare Issues
- Child Abuse/ Neglect
- Child Development
- Chronic Fatigue Syndrome
- Chronic Illness
- Crime Victim
- Cross Cultural Marriage Issues

- Dementia (Alzheimer's etc)
- Depression
- Developmental Disabilities Treatment
- Diabetes
- Dissociative Disorder
- Domestic Abuse/Violence: Offenders
- Domestic Abuse/Violence: Victims
- Dual Diagnosis

Optional/ Voluntary Information:

Religion:

Race/Ethnicity:

- Eating Disorders
- Ethnic/Cultural Issues
- Extra Marital Affairs

- Family Problems
- Fibromyalgia
- Financial Problems

- Gambling Addiction
- Gay/ Lesbian/ Bisexual/ Transgender/
Questioning (GLBTQ)
- Gender Identity/ Issues
- Geriatric Issues
- Gifted & Talented Issues
- Grief/Loss

- Head Injury
- Hearing Impaired
- Health Problem
- Hoarding

- Infertility
- Interfaith Marriages
- Internet Addiction
- Interpersonal Problems

Juvenile Offenders

- Learning Disabilities, Treatment
- Life Transitions
- Loneliness

- Men's Issues
- Multiple Sclerosis (MS)

Neurological Issues

- Obesity/Weight Loss
- Obsessive/Compulsive Disorder (OCD)
- Oppositional Defiance Disorder (ODD)

- Pain Management
- Panic Disorder
- Parenting Issues
- Parkinson's Disease
- Personality Disorders
- Pervasive Developmental Disorder (PDD)
- Phobias
- Physical Disabilities
- Pornography Addiction
- Post Traumatic Stress Disorder (PTSD)
- Premarital Counseling
- Psychotic Disorders

- Rape: Offenders
- Relationship Issues

- Seasonal Affective Disorder (S.A.D.)
- Schizophrenia
- School Problems
- Self-Esteem/Self-Concept
- Self-Harm/Cutting
- Separation/Divorce
- Sex Addiction
- Sexual Abuse/ Assault/ Rape/ Incest
- Sexual Harassment/Stalking
- Sexual Offenders
- Sexual Problems
- Sleep Problems
- Spirituality
- Sports Psychology
- Stress Management
- Stuttering
- Suicide

- Terminal Illness
- Tx for Clergy/Religious Professionals
- Tourette's Syndrome
- Trauma
- Trichotillomania

- Women's Issues
- Work/Career Issues

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

NAME:

DATE ENTERED:

RENEWAL MONTH:

If you wish to add a photo of yourself to the MPA Online Referral Service: Email an image in either .jpg or .gif format. to members@marylandpsychology.org.

About Me and My Practice

In addition to a photo in your online referral service listing, you also have an opportunity to include a personal statement, "About Me and My Practice." This statement can include additional information you wish potential clients to know about your particular practice as well as the areas you focus on in your practice.

Please limit your typed statement to 300 words.

Email to: members@marylandpsychology.org

Begin your personal statement here:

Ethics Questionnaire

License # _____

1. Do you carry \$1,000,000/3,000,000 or more professional liability insurance? Yes No
2. Have you ever been the subject of any disciplinary action (of any form, including, but not limited to, suspension or revocation of license, reprimand, etc.) by any national, state, local or professional agency, board, or organization?
* Yes No
3. Are you now the subject of any investigation or disciplinary action (of any form, including but not limited to, suspension or revocation of license, reprimand, etc.) by any national, state, local, or professional agency, board or organization?
* Yes No
4. Have you ever been the defendant in any lawsuit wherein claims were asserted against you for malpractice or breach of duty and wherein judgment was rendered against you? * Yes No
5. Are you presently the defendant in any lawsuit wherein claims are asserted against you for malpractice or breach of duty? * Yes No

* (If so, provide detailed information regarding circumstance on a separate sheet of paper.)

Signature: _____ Date: _____