To: ProviDRs Care Network Mental Health Providers

To better serve our members with behavioral health referrals, ProviDRs Care Network is asking for a brief summary of the focus of your office practice. Please check each box below for services you provide in your practice and elaborate as desired. You may fax your information back to our office at 316-683-6255.

If you have any questions, please contact Jeff Minson, Credentialing Specialist, at (316) 683-4111, extension 239 or (800) 801-9772.

Name: _____

Psychological Testing:

- ADD/ADHD ☐
- IQ ☐
- Personality ☐
- Neuro Psychological ☐
- Cognitive/Dementia ☐

Court Cases:

- Custody Issues ☐
- Substance Abuse ☐

Other: *Please list*: _____.

Substance Abuse (non-court)

- Adolescents ☐
- Adults ☐

Clinical focus: _____

- Anxiety ☐
- Biofeedback ☐
- Christian Counseling ☐
- Depression ☐
- Hypnosis ☐
- Marital Issues ☐
- Men's Issues ☐
- Relaxation ☐
- Stress Management ☐
- Women's Issues ☐
- Anger Management ☐
- Bereavement/Grief ☐
- Childhood Abuse (Past/Present) ☐
- Divorce ☐
- Family Issues ☐
- Impaired Professionals ☐
- Chronic Psychological Illnesses ☐
- Pain Management ☐
- Parenting ☐
- Sexual Abuse ☐
- Work-related Issues ☐
- Other: *Please list*: _____.