

Other Accreditation: _____

Date and type of licensure: _____

(Please provide a copy of accreditation and/or licensure.)

II. STAFFING

Please indicate how many of your staff are from the following disciplines:

	Full-Time	Part-Time
M.D. (Other than Psychiatry)	_____	_____
M.D. (Psychiatry)	_____	_____
Psychology (Ph.D. level)	_____	_____
Social Worker (M.S.W. level)	_____	_____
Nursing (R.N. level)	_____	_____
Rehabilitation Counseling (M.R.C. level)	_____	_____
Other advanced degrees in Mental Health (M.A./M.S./L.L.P.)	_____	_____
Other advanced degrees (M.Ed./Sp.Ed.)	_____	_____
B.A. level or below	_____	_____

How many of the staff have drug and/or alcohol certification-please list:

(Please provide proof of certification.)

Have any of your staff ever had any license/certificate revoked or suspended?

If yes, please explain on another sheet of paper.

Children, ages _____ to _____ _____

	INP	OP	Residential	Family	After-Care	Medical Detox
ALCOHOLISM						
Drug Dependence						
Emotional						
Family						
Physical/Mental						
Legal						
Financial						
Critical Incident Stress Debriefing (CISD)						
Substance Abuse Professional (SAP) Assessment to meet DOT regulations						
Job Jeopardy Service (last chance employment agreement						
Training Seminars – Available topics and lengths Of time per topic						

IV. ASSESSMENT AND EVALUATION SERVICES

Please describe your intake and assessment process:

Describe any testing performed and note as routine (R) or optional (O):

Intakes and assessments are conducted by:

V. TREATMENT PHILOSOPHY/THEORETICAL APPROACH

The following is a brief list of some common treatment modalities. Please note which of these you provide for each problem area below. Briefly describe your treatment philosophy to each area.

Individual Counseling-IC

Group Counseling-GC

Marital/Family Counseling-PC

Alcoholics Anonymous-AA

Alanon and Alateen-AN

Employer involvement-EI

Psychological Testing-PT

Lectures and seminars-LS

Stress Management training-ST

Literature-L

Milieu therapy-MT

Medication-M (specify)

Please note any additional modalities also.

Alcoholism

Modalities:

Treatment Philosophy:

Drug Dependence

Modalities:

Treatment Philosophy:

Emotion/Psychiatric Problems

Modalities:

Treatment Philosophy:

Family Problems

Modalities:

Treatment Philosophy:

VI. ADMISSION AND COST INFORMATION

Days and hours of admission: _____

_____ **Phone:** _____

Types of patient admitted: _____

If patient is inappropriate, do you refer elsewhere? Yes No

Describe your fees and charges. Attach fee schedules and policies if possible:

Is there third-party reimbursement?:

<input type="checkbox"/> Blue Cross	<input type="checkbox"/> Medicare
<input type="checkbox"/> Blue Shield	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Commercial Insurance	<input type="checkbox"/> Local HMO (specify)
<input type="checkbox"/> Other _____	_____

Will you permit extended payments? Yes No

VII. LEGAL

Have you been party to any litigation related to your clinical practice?

Yes No

Is there any litigation related to your clinical practice to which you are a party or do you have notice that litigation will commence? Yes No

Have there been any disciplinary actions taken against you by a state licensing body or professional organization? Yes No

If you answered yes to any of the three (3) questions above, please complete the following questions.

Litigation Threatened Litigation Disciplinary Action

Description of incident:

- a. Date(s) of action(s) complained of _____
- b. Age and sex of patient (if applicable) _____
- c. Narrative description of action complained of: _____

- d. Treatment setting of action complained of: _____

- e. Who was the primary treating clinician at the time of the incident? _____

Disposition of incident:

- a. What is the status of litigation or disciplinary action now? (i.e. what charges have been filed or readjusted?) _____

- b. In what court was(is) the litigation pending or what authority has (had) jurisdiction? _____

- c. Did any staff member or your insurer make any financial payment on account of the litigation to any person? _____

Has there been any disciplinary action taken by any other authority?

- a. By what authority? _____
- b. What was the disciplinary action taken? _____

What is the current status with this authority? _____

Comments: _____

VIII. PERSON COMPLETING THIS FORM

To the best of my knowledge, I affirm that all of the information contained herein is correct as stated.

Signature _____
Date

Name/Title (please print or type)

Phone _____

Please attach any brochure, schedules of activities, fee schedules, etc., which you feel will help us when referring client to you.

THANK YOU FOR YOUR COOPERATION!