



**San Luis Valley MHC
Provider #075993
Internal Provider Information**

Return Completed Form to
ruth.icenogle@valueoptions.com
or Fax to (719) 538-1433

Provider Name:			Title:	
Office Telephone #:	Internal Employee #		Hire Date:	
SS# :	Sex:	Date of Birth:	Termination Date:	

Degree: _____ License Yes No License Number: _____
 Psychiatry Psychology Social Work Marriage and Family Therapy Nursing
 Child and Adolescent Psychiatry Counselor Other Certifications (specify)

Clinical assignment within CMHC

Child/Adolescent Adult ATU/Residential Case Manager 1 FTE
 Crisis Clinic Outpatient Clinic Partial/Day Care Medication Management .5 FTE

Please check all locations where you see patients and circle your primary mailing address:

8745 Cnty Rd 9 So, Alamosa 81101-9610 (A747877) 402 4th Ave, Monte Vista 81144 (A052672) 402 Walnut, La Jara 81140 (A102102)
 6107 County Road 13.2, Antonito 81120 (A102104) 260 Worth, Center 81125 (A109661) 409 Trinchera, San Luis 81152 (A102105)
 308 La Garita, Creede 81130 (A109662) 1015 6th St, Del Norte 81132-3230 (A102107) Other:

Referral Information: Identify the percentage of your practice dedicated to the following patient population categories (must total 100%):

Young child (0-5) (YC) _____ % Child (6-12) (CI) _____ % Adolescent (13-17) (AO) _____ % Adult (18-64) (AU) _____ % Geriatric (65+) (GT) _____ %

Identify any foreign language(s) or sign language that you use *fluently* in treating patients :

Sign Language (194-SG) French (26-FR) Italian (34-IT) Polish (40-PL) Swedish (180L-SW)
 Arabic (104-AR) German (27-GE) Japanese (144-JA) Portuguese (171-PO) Tagalog/Filipino (200-PH)
 Armenian (109-AN) Greek (2-GE) Korean (147-KO) Russian (41-RU) Vietnamese (190L-VI)
 Chinese (120-CH) Hebrew (104-HE) Norwegian (164-NW) Spanish(43-SP) Yiddish (193-YI)
 Dutch (126-DU) Hindi (139-HI) Other (99PL): _____
 Farsi (195-FA) Hungarian (141-HU)

VOLUNTARY INFORMATION: To meet the needs of ValueOptions/OPTIONS Healthcare, Inc. clients and members, voluntary information is maintained about providers for referral and statistical purposes only. This information is released to members only upon specific request. If you wish to provide this information, select from the following categories:

American Indian (XI) Biracial (XR) Hispanic (XH) Muslim (XO)
 African-American/Black (XB) Caucasian (XX) Jewish (XJ) West Indian (XW)
 Asian (XA) Christian (XC)

CLINICAL EXPERTISE (SPECIALTIES): From the list below, check a **maximum of six (6)** primary **XX** and **six (6)** secondary **X** areas for which you have training and expertise.

- | | |
|---|--|
| <input type="checkbox"/> Addictions, Non-Chemical (S.ANC) | <input type="checkbox"/> Head Trauma (S.HTR) |
| <input type="checkbox"/> Medication Management (S.MED) | <input type="checkbox"/> Hearing Impaired (S.HIM) |
| <input type="checkbox"/> Adjustment Disorders (S.ADJ) | <input type="checkbox"/> HIV/AIDS (S.HIV) |
| <input type="checkbox"/> Men's Issues (S.MEN) | <input type="checkbox"/> Marital/Separation/Divorce (S.MAR) |
| <input type="checkbox"/> Adolescent Behavior Disorders (S.ADO) | <input type="checkbox"/> Mental Retardation/Developmental Disabilities (S.MRI) |
| <input type="checkbox"/> Adoption (S.ADP) | <input type="checkbox"/> Military Lifestyle Issues (S.MIL) |
| <input type="checkbox"/> Affective Disorders (S.AFF) | <input type="checkbox"/> Neuropsychology (S.NEU) |
| <input type="checkbox"/> Alcohol/Chemical Dependency (S.ACD) | <input type="checkbox"/> Obsessive Compulsive Disorder (S.OCD) |
| <input type="checkbox"/> Anger Management/Impulse Disorders (S.ANG) | <input type="checkbox"/> Panic/Phobias (S.PHO) |
| <input type="checkbox"/> Anxiety Disorders (S.ANX) | <input type="checkbox"/> Personality Disorders (S.PER) |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (S.ADD) | <input type="checkbox"/> Physical Abuse Perpetrators (S.PAP) |
| <input type="checkbox"/> Autistic Disorder/Aspergers Syndrome (S.ASP) | <input type="checkbox"/> Physical Abuse Victims (S.PAV) |
| <input type="checkbox"/> Childhood Behavioral Disturbances (S.CBD) | <input type="checkbox"/> Post-Traumatic Stress Disorder (S.PSD) |
| <input type="checkbox"/> Chronic Pain (S.CHP) | <input type="checkbox"/> Psychopharmacology (S.PSP) |
| <input type="checkbox"/> Co-Occurring Disorders (S.COD) | <input type="checkbox"/> Psychological Testing |
| <input type="checkbox"/> Crisis/Trauma (S.CRT) | <input type="checkbox"/> Reactive Attachment Disorder (S.RAP) |
| <input type="checkbox"/> Death & Dying/Terminal Illness (S.CHT) | <input type="checkbox"/> Schizophrenia (S.SCH) |
| <input type="checkbox"/> Dementia (S.DMT) | <input type="checkbox"/> Severe & Persistent Mental Illness (S.SPM) |
| <input type="checkbox"/> Dissociative Identity Disorders (S.MPD) | <input type="checkbox"/> Sex Abuse Perpetrators (S.SAB) |
| <input type="checkbox"/> Domestic Violence (S.VIO) | <input type="checkbox"/> Sex Abuse Victims (S.SAB) |
| <input type="checkbox"/> Early Childhood Development (S.ECD) | <input type="checkbox"/> Sexual Dysfunction (S.DYF) |
| <input type="checkbox"/> Eating Disorders (S.EAT) | <input type="checkbox"/> Sleep Disorders (S.SLP) |
| <input type="checkbox"/> Forensics (S.FOR) | <input type="checkbox"/> Step/Blended Families (S.SFA) |
| <input type="checkbox"/> Gangs/Cults (S.GNG) | <input type="checkbox"/> Stress Management (S.SFA) |
| <input type="checkbox"/> Gay/Lesbian/Bisexual Issues (S.GLS) | <input type="checkbox"/> Trichotillomania (S.TRM) |
| <input type="checkbox"/> Geropsychiatry/Alzheimers (S.GAL) | <input type="checkbox"/> Women's Issues (S.WMN) |
| <input type="checkbox"/> Grief/Bereavement (S.GRF) | |

THERAPEUTIC MODALITIES: From the list below, check a **maximum of six (6)** areas that you use when treating patients.

- | | |
|--|---|
| <input type="checkbox"/> Behavior Modification Therapy (M.BEH) | <input type="checkbox"/> EMDR (M.EMR) |
| <input type="checkbox"/> Brief Therapy (M.BRF) | <input type="checkbox"/> Family Therapy (M.FAM) |
| <input type="checkbox"/> Child Therapy (M.CHI) | <input type="checkbox"/> Group Therapy (M.GRP) |
| <input type="checkbox"/> Child Therapy (5 yrs & younger) (M.CHY) | <input type="checkbox"/> Neuropsychological Testing (M.NSY) |
| <input type="checkbox"/> Cognitive Behavioral Therapy (M.COG) | <input type="checkbox"/> Pastoral Counseling (M.CHR) |
| <input type="checkbox"/> Critical Incident Stress Management (M.CIS) | <input type="checkbox"/> Play Therapy (M.PLY) |
| <input type="checkbox"/> Dialectical Behavioral Therapy (M.DBT) | <input type="checkbox"/> Psych Testing (M.PST) |
| <input type="checkbox"/> ECT Inpatient (M.ECT) | <input type="checkbox"/> Psychopharmacology (M.PSP) |
| <input type="checkbox"/> ECT Outpatient (M.ECO) | <input type="checkbox"/> Solution Focused Therapy (M.SFT) |

Provider Name