



West Central MHC
Provider #074790
Internal Provider Information

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

Form with fields: 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:

- 3225 Independence Road, Canon City 81212-9380 (A044633)
714 Front Street, Leadville 80461-3679 (A058494)
111 Vesta Road, Salida 81201-9327 (A056057)
Custer County Medical Center 704 Edwards, Westcliffe 81252-8588 (A835794)
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 :

- Amer. Sign Lang. (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)   |

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Provider Name