

Community Provider Clinician Form

Name of therapist:

Name of business:

Business address:

Credentials

Therapist type	<input type="checkbox"/> Counselor <input type="checkbox"/> Licensed Marriage & Family Therapist <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Social Worker
License number(s)	

Contact Information

	To be given to client	For therapist use only (Kept Confidential)
Phone		
Email address		

Billing/Insurance Information

Insurance accepted	<input type="checkbox"/> Aetna <input type="checkbox"/> Aetna EAP <input type="checkbox"/> AHPO <input type="checkbox"/> American Community Insurance <input type="checkbox"/> Anthem/Blue Cross/Blue Shield <input type="checkbox"/> BDA <input type="checkbox"/> Beech Street <input type="checkbox"/> BHS <input type="checkbox"/> BWC <input type="checkbox"/> Care Bridge <input type="checkbox"/> Care Source <input type="checkbox"/> Choice Care <input type="checkbox"/> Cigna <input type="checkbox"/> Confinity PPOM <input type="checkbox"/> Com Psych <input type="checkbox"/> Community Coordinated Health Care <input type="checkbox"/> Comps YCH <input type="checkbox"/> Emerald Health Care <input type="checkbox"/> ESI EAP <input type="checkbox"/> First Choice Health <input type="checkbox"/> First Health <input type="checkbox"/> First Sun EAP <input type="checkbox"/> Helpnet <input type="checkbox"/> Humana <input type="checkbox"/> IHB <input type="checkbox"/> Klais & Co. <input type="checkbox"/> Magellan <input type="checkbox"/> Medicaid <input type="checkbox"/> Medical Mutual <input type="checkbox"/> Medicare <input type="checkbox"/> Medigold <input type="checkbox"/> Meritain <input type="checkbox"/> MGO <input type="checkbox"/> MHN <input type="checkbox"/> Mines and Associates <input type="checkbox"/> Molina <input type="checkbox"/> Multiplan <input type="checkbox"/> NOS American <input type="checkbox"/> Ohio Health Care <input type="checkbox"/> OPN <input type="checkbox"/> OSU Student Health Insurance <input type="checkbox"/> OSU Prime Care/NGS <input type="checkbox"/> PHCS <input type="checkbox"/> Tricare <input type="checkbox"/> United Behavioral Health <input type="checkbox"/> United Health Care <input type="checkbox"/> Value Options <input type="checkbox"/> Wellspring
Insurance accepted additional info	
Sliding scale fee/reduced fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Areas of Competency

<input type="checkbox"/> Abuse/Incest	<input type="checkbox"/> ADHD
<input type="checkbox"/> Anger	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Appropriate boundaries/ Healthy Relationships	<input type="checkbox"/> Aspergers/Autism
<input type="checkbox"/> Career Counseling	<input type="checkbox"/> Caregiver support/Older adult
<input type="checkbox"/> Children/Adolescents	<input type="checkbox"/> Christian Counseling
<input type="checkbox"/> Chronic illness/Cancer	<input type="checkbox"/> Codependency/Family members or substance abusers
<input type="checkbox"/> Couples/Marriage	<input type="checkbox"/> Dissociation
<input type="checkbox"/> Depression	<input type="checkbox"/> Divorce
<input type="checkbox"/> Domestic violence (current situations)	<input type="checkbox"/> Domestic violence (witnessed as a child)
<input type="checkbox"/> Eating disorders and body image	<input type="checkbox"/> Family therapy
<input type="checkbox"/> Family of origin issues	<input type="checkbox"/> Gender identity/Trans*
<input type="checkbox"/> Grief/loss	<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Learning disabilities/ Psycheducational evaluation/testing	<input type="checkbox"/> LGBTQ
<input type="checkbox"/> Maternal/Postpartum	<input type="checkbox"/> Men's issues
<input type="checkbox"/> Mood disorders/Bipolar spectrum	<input type="checkbox"/> Multi-cultural counseling
<input type="checkbox"/> Multi-lingual counseling	<input type="checkbox"/> Pain management
<input type="checkbox"/> OCD/Perfectionism	<input type="checkbox"/> Personality disorder
<input type="checkbox"/> Phase of life/Midlife transition	<input type="checkbox"/> Phobias
<input type="checkbox"/> Psychological testing	<input type="checkbox"/> PTSD
<input type="checkbox"/> Post-combat stress	<input type="checkbox"/> Social skills
<input type="checkbox"/> Search for meaning/faith-based issues/Spiritual exploration/Meditation	<input type="checkbox"/> Self-Esteem
<input type="checkbox"/> Sex addiction/Sexual compulsions	<input type="checkbox"/> Sexual harassment/Sexual abuse
<input type="checkbox"/> Stress management	<input type="checkbox"/> Substance abuse/Drug alcohol assessment/Chemical dependency
<input type="checkbox"/> Survivors of suicide	<input type="checkbox"/> Trauma/Violence victims
<input type="checkbox"/> Women's issues	

Competencies in theoretical approach

<input type="checkbox"/> Client/Person centered <input type="checkbox"/> CBT <input type="checkbox"/> DBT <input type="checkbox"/> EMDR <input type="checkbox"/> Eclectic <input type="checkbox"/> Existential <input type="checkbox"/> Gestalt <input type="checkbox"/> Humanistic <input type="checkbox"/> Hypnosis <input type="checkbox"/> Insight oriented <input type="checkbox"/> Interpersonal process <input type="checkbox"/> Jungian <input type="checkbox"/> Mindfulness <input type="checkbox"/> Psychodynamic <input type="checkbox"/> Rogerian <input type="checkbox"/> Solution focused <input type="checkbox"/> Systems

Therapist Additional Information

Ethnicity	<input type="checkbox"/> African American <input type="checkbox"/> Appalachian <input type="checkbox"/> Anglo American/Caucasian <input type="checkbox"/> Asian American/Pacific Islander <input type="checkbox"/> Hispanic American/Latino/Latina <input type="checkbox"/> Multiracial/Biracial <input type="checkbox"/> Native American
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender variant <input type="checkbox"/> Gender queer <input type="checkbox"/> Intersex
Sexual Orientation	<input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Queer <input type="checkbox"/> Ally
Religion	<input type="checkbox"/> Agnostic <input type="checkbox"/> Buddhist <input type="checkbox"/> Catholic <input type="checkbox"/> Jewish <input type="checkbox"/> Christian <input type="checkbox"/> Not-religious

Type of business: Private practice Organization/Company

Accessibility Information

Driving miles from OSU	<input type="checkbox"/> 0-5 miles <input type="checkbox"/> 6-10 miles <input type="checkbox"/> 11-15 miles <input type="checkbox"/> 16-20 miles <input type="checkbox"/> 20+ miles
Walking minutes from OSU	<input type="checkbox"/> <10 minutes <input type="checkbox"/> 10-15 minutes <input type="checkbox"/> 16-20 minutes <input type="checkbox"/> >20 minutes
Walking minutes from bus	<input type="checkbox"/> <10 minutes <input type="checkbox"/> 10-15 minutes <input type="checkbox"/> 16-20 minutes <input type="checkbox"/> >20 minutes

We are transitioning to an online database in the public domain. This will allow for easier access to your information by students and their families. Please indicate your willingness to have the information in this questionnaire loaded into the database for public access

Yes I am willing to have information about myself and my practice available to the public through a community database.

No, I am not willing to have information about myself and my practice available to the public through a community database, **and I am aware that I may not receive any referrals.**

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