



### PROVIDER DATA SHEET

\* Please PRINT LEGIBLY with black or blue ink ONLY

PROVIDER INFORMATION			
Name:			
License #:		Board Certified:	
Medicare #:		Medicaid #:	
DEA #:		Email:	
Gender: (voluntary)		Ethnicity: (voluntary)	

PRACTICE /GROUP INFORMATION			
Practice Name:		Tax Identification #:	
Practice Address:		City/State/Zip:	
Practice Phone:		Practice Fax:	
Hours of Operation:		Private Residence?	

BILLING /PAYMENT INFORMATION			
Billing Address:		City/State/Zip:	
Billing Phone:		Billing Fax:	

SPECIALTIES (check all that apply)				
<input type="checkbox"/> Abuse	<input type="checkbox"/> Chemical Dependency	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> MDD	<input type="checkbox"/> PTSD
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Chronic Illness	<input type="checkbox"/> EMDR	<input type="checkbox"/> Mood Disorder	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Adoption Issues	<input type="checkbox"/> Codependency	<input type="checkbox"/> Family	<input type="checkbox"/> OCD	<input type="checkbox"/> Sexual Abuse
<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Couples/Marital	<input type="checkbox"/> Fears/Phobia	<input type="checkbox"/> Personality DO	<input type="checkbox"/> Sexual Abuse (Child)
<input type="checkbox"/> Anger	<input type="checkbox"/> DBT	<input type="checkbox"/> Gay/Lesbian/Transgender	<input type="checkbox"/> Play Therapy	<input type="checkbox"/> Sleep Disorder
<input type="checkbox"/> Anxiety/Panic	<input type="checkbox"/> Dissociative Disorder	<input type="checkbox"/> Grief/Bereavement	<input type="checkbox"/> PPD	<input type="checkbox"/> Trauma/Crime Victims
<input type="checkbox"/> Bipolar	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Psychosis	

Other Specialty:				
Age Range:	<input type="checkbox"/> Pediatric (12 and under)	<input type="checkbox"/> Adolescent (13-17)	<input type="checkbox"/> Adult (18-64)	<input type="checkbox"/> Geriatric (65+)
Limitations:				
Hospital Privileges:				
Certifications:				

LANGUAGES (spoken by provider)				
<input type="checkbox"/> Spanish	<input type="checkbox"/> French	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Other: