WS2 Handout 11 (Slides 65 and 153): Private Practitioner Referral Questionnaire

Thank you for providing us with information that will help us to make more appropriate referrals to you and your colleagues. Please complete as much of the questionnaire as possible and return it in the attached, self-addressed envelope.

Name ___________________________________________ Title _____________________________
Office location ________________________________ License(s) ________________________
Phone number(s) ______________________________ License number(s) __________________

Training and Experience

1. What degrees do you hold? _______________________________________________________
2. What schools did you attend? ___________________________________________________
3. How long have you been in practice? _____________________________________________
4. What other types of special training do you have? _________________________________

Financial Questions

5. What type of insurance do you accept? ___________________________________________
6. What payment options do you offer? _____________________________________________
7. Would you consider a therapeutic fee adjustment? YES / NO
8. Do you offer a sliding fee schedule? YES / NO
9. What are your current fees? (Attach fee schedule if available) _______________________ 

Logistics

10. Are you currently taking new referrals? YES / NO
    If no, when will you do so? _____________________________________________________
11. What are your work hours? ___________________________________________________
12. Do you work evenings? YES / NO
13. Do you work Saturdays? YES / NO
14. Do you have a waiting list? YES / NO
    If yes, how long is the typical wait before the first session? _______________________

Therapeutic Issues

15. With which of the following populations do you feel you are best trained to work? (Circle all that apply that you.)
   Children   Adults   Adolescents   Families
16. Which of the following issues and/or areas do you consider to be your specialty(ies)? (Circle all that apply.)

- substance abuse
- eating disorders
- anger issues
- empowerment issues
- creative divorce
- decision making
- depression
- child abuse
- crisis therapy
- suicide prevention
- codependency
- divorce mediation
- family communication
- behavior analysis
- grief processing
- attention deficit disorders
- suicidal ideation
- crisis intervention
- transitional issues
- self-esteem/self-concept
- conduct disorders

Others? (please list) ____________________________________________________________

17. Which of the following therapeutic techniques do you employ? (Circle all that apply.)

- behavior modification
- EMDR
- RET
- play therapy
- creative therapies
- biofeedback
- client centered
- relaxation
- stress inoculation training
- psychoanalysis
- hypnosis
- cognitive–behavioral
- sand tray
- cognitive therapy
- supportive group therapy

Others? (please list) ____________________________________________________________

18. What special programs or services do you offer? ____________________________________

19. Do you conduct group therapy? YES / NO

20. Are you bilingual? YES / NO

If yes what language(s) do you speak? _____________________________________________

21. Are the services of an interpreter available to you? YES / NO

If yes, what language(s) do your interpreters speak? _________________________________

22. Do you have expertise working with specific ethnic and cultural groups? YES / NO

If yes, specify the group(s). ___________________________________________________

23. When others refer patients to you, what information do you find most helpful? _______________________________________________________

24. What type of arrangements for assistance do you make with your clients when they are experiencing a crisis during your nonwork hours? ______________________________________________________

25. On average, how many times per month will you see the typical client? ______________

26. How long are your sessions? ___________________________________________________

27. Please list any other information that may help us make more appropriate referrals to you. ________________________________