

INDIVIDUAL THERAPIST DATA BASE
Psychotherapist Questionnaire
NC State Counseling Center - Triangle Area, North Carolina

All information on this questionnaire will be entered into the Individual Therapist Data Base and made available to prospective referrals. Please note that our Data Base is part of a growing statewide network of agencies that share community referral information. Any information that you provide may be released to other individuals or agencies.

Date_____

I. BIOGRAPHICAL INFORMATION

Name: _____ Office Phone: _____

Office Address: _____
City/State/Zip

E-mail Address: _____

How far are you from the NC State Main campus? _____ miles

In what direction *from campus*? Circle below:

N NW W S SW E SE NE

Is your office handicapped accessible? Yes_____ No_____

Is your office accessible to public transportation? Yes_____ No_____

Male _____ Female _____ Ethnicity _____ Age_____

Highest degree attained: _____ Professional Field:_____

Are you licensed or certified to practice in North Carolina? Yes_____ No_____

Type of Licensure:_____

Languages spoken:_____

How many years have you been practicing since being licensed or certified?_____

II. FEES, INSURANCE, AND OFFICE HOURS

What is your standard hourly fee? \$_____

Are you willing to negotiate fees with clients under extenuating financial circumstances?

Yes _____ No _____

If your fees are flexible, what is the lower limit you are willing to consider? (optional)
\$_____

Do you charge for an initial interview? Yes _____ No _____

Are you able to work out flexible payment plans? Yes _____ No _____

Do you accept insurance? Yes _____ No _____

If you take clients who have insurance, which insurance plans are you on:

- | | |
|---|---|
| <input type="checkbox"/> Acordia | <input type="checkbox"/> Intergrated Health Plan, Inc |
| <input type="checkbox"/> Aetna | <input type="checkbox"/> Magellan |
| <input type="checkbox"/> Americare (SAS) | <input type="checkbox"/> Managed Hlth Network |
| <input type="checkbox"/> Blue Cross/Blue Shield | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> CCN | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Champus | <input type="checkbox"/> NYL Care |
| <input type="checkbox"/> Cigna | <input type="checkbox"/> One Health Plan |
| <input type="checkbox"/> CorpHealth | <input type="checkbox"/> PHCS |
| <input type="checkbox"/> Ethix | <input type="checkbox"/> Preferred Mental Health Management |
| <input type="checkbox"/> First Health | <input type="checkbox"/> Prudential |
| <input type="checkbox"/> Fortis | <input type="checkbox"/> Sentara Mental Health Management |
| <input type="checkbox"/> GreenSpring | <input type="checkbox"/> United Healthcare |
| <input type="checkbox"/> Humana HMO | <input type="checkbox"/> US Behavioral Health |
| <input type="checkbox"/> Humana PPO | <input type="checkbox"/> Value Options |
| <input type="checkbox"/> IBM/Magellan | |

____ Other insurance plans: _____

Do you have evening or weekend hours available to see clients?

Weekend hours? Yes _____ No _____ Evening hours? Yes _____ No _____

We often deal with clients in crisis, please consider the following:

- a. Would you accept chronically depressed clients? Yes _____ No _____
b. Would you accept clients in a suicidal crisis? Yes _____ No _____

III. SERVICES

Specialized Services Offered: Identify the specialized services you offer or populations that you serve from among the following:

- | | | |
|--|--|--|
| <input type="checkbox"/> Art Therapy | <input type="checkbox"/> Feminist Therapy | <input type="checkbox"/> Organizational Consult. |
| <input type="checkbox"/> Behavioral Medicine | <input type="checkbox"/> Forensic Services | <input type="checkbox"/> Pastoral Counseling |
| <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Group Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Couples Counseling | <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Psychodrama |
| <input type="checkbox"/> EMDR | <input type="checkbox"/> Medication Mgmt. | <input type="checkbox"/> Psychological Testing |
| <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Neuropsychology | <input type="checkbox"/> Substance Abuse |
| | | |
| <input type="checkbox"/> Children (under 12) | <input type="checkbox"/> African-American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Adolescents (13-17) | <input type="checkbox"/> Asian-American | <input type="checkbox"/> International |
| <input type="checkbox"/> Elderly (over 65) | <input type="checkbox"/> Native American | |
| | <input type="checkbox"/> Other: _____ | |

List any special focus groups or workshops that you offer:

Theoretical Orientation: Identify the theoretical orientations that guide your therapy:

- | | |
|---|---|
| <input type="checkbox"/> Adlerian | <input type="checkbox"/> Psychodynamic |
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> Rational Emotive |
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Reality |
| <input type="checkbox"/> Eclectic | <input type="checkbox"/> Relational |
| <input type="checkbox"/> Existential/Humanistic | <input type="checkbox"/> Rogerian/Client Centered |
| <input type="checkbox"/> Gestalt | <input type="checkbox"/> Social Learning |
| <input type="checkbox"/> Jungian | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Object Relations | _____ |
| <input type="checkbox"/> Psychoanalytic | _____ |

Client Concerns: From the following list of client concerns, please check areas that pertain to your practice:

- | | |
|---|---|
| <input type="checkbox"/> Abuse Survivors | <input type="checkbox"/> Minority/Cross Cultural Issues |
| <input type="checkbox"/> Abuse Perpetrators | <input type="checkbox"/> Obsessive-Compulsive Disorder |
| <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Adjustment Disorders | <input type="checkbox"/> Panic Disorder |
| <input type="checkbox"/> Adult Children of Alcoholics | <input type="checkbox"/> Parenting Skills |
| <input type="checkbox"/> AIDS / HIV | <input type="checkbox"/> Personality Disorders |
| <input type="checkbox"/> Alcoholism / Chemical Dependency | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Borderline Personality Disorder | <input type="checkbox"/> Psychosis / Schizophrenia |
| <input type="checkbox"/> Career Concerns | <input type="checkbox"/> Ritual Abuse/Cults |
| <input type="checkbox"/> Depression / Affective Disorders | <input type="checkbox"/> Seasonal Affective Disorder |
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Self Esteem |
| <input type="checkbox"/> Dissociative Disorders | <input type="checkbox"/> Sex Addiction |
| <input type="checkbox"/> Divorce Recovery | <input type="checkbox"/> Sexual Dysfunction |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Sleep Disorders |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Spirituality or Religious Issues |
| <input type="checkbox"/> Gay / Lesbian / Bisexual Issues | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Suicidal Crises |
| <input type="checkbox"/> Geriatrics / Aging | <input type="checkbox"/> Therapy for Therapists |
| <input type="checkbox"/> Grief or Loss | <input type="checkbox"/> Visually-Impaired |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> Impulse Control Disorders | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Men's Issues | |

Please include any additional information that you feel would be useful to us:

Thank you for your assistance.

Return this questionnaire to: Jonna Tobin, Ph.D. (919) 515-2423
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Raleigh, NC 27695-7312