



Behavioral Health Provider Survey

Fax to (614) 292-2667

Please place a check beside each following category or expertise that applies to you. If you have any questions about the form, please contact OSU Health Plan at (614) 292-4700.

Provider Name: _____ License: _____

Practice Name: _____

Practice Address: _____

Practice Phone Number: _____

____ Marriage Counseling

Client Age

- ____ Children 6 & under
- ____ Children 7-12
- ____ Adolescent 13-15
- ____ Adolescent 16-18
- ____ Adult
- ____ Geriatric

Practice Demographics Cont'd.

- ____ Religious Specialty
 - ____ Buddhism
 - ____ Christian
 - ____ Deprogramming
 - ____ Evangelical
 - ____ Hinduism
 - ____ Islam
 - ____ Jewish
 - ____ Mennonite
 - ____ Roman Catholic
 - ____ Spirituality
- ____ Sex Offender
- ____ Substance Abuse-Professional (SAP)
- ____ Evening Hours
- ____ Weekend Hours
- ____ Wheelchair Accessibility
- ____ Worker's Compensation

Service Type cont'd.

- ____ Medication Evaluation Management
- ____ Neuropsychological Testing
- ____ Pain Management
- ____ ADHD
- ____ AIDS/ARC/HIV
- ____ Anxiety Disorder
- ____ Autism/PDD
- ____ Bipolar
- ____ Chronic Physical Illness
- ____ Couples/Marital Counseling
- ____ Depression
- ____ Dissociative Disorders
- ____ Eating Disorders
- ____ Grief Counseling
- ____ Infertility
- ____ Learning Disabilities
- ____ Medical
 - ____ Stress/Behavioral Medicine/ Health Issues
- ____ Mood Disorders
- ____ Obsessive Compulsive Disorder
- ____ Organic Disorders
- ____ Phobias
- ____ Post Traumatic Stress Disorder (PTSD)
- ____ Schizophrenic Disorders
- ____ Sexual Abuse/Violence
- ____ Sexual Dysfunction
- ____ Sleep Disorders
- ____ Somatoform Disorder
- ____ Substance Abuse

Practice Demographics

- ____ Adoption Issues
- ____ Bilingual
 - ____ American Sign
 - ____ Arabic
 - ____ Chinese
 - ____ French
 - ____ German
 - ____ Hindi
 - ____ Italian
 - ____ Japanese
 - ____ Portuguese
 - ____ Russian
 - ____ Spanish
- ____ LICDC
- ____ Certified EAP Counselor
- ____ Certified Pastoral Counselor
- ____ Chemical Dependency
- ____ Christian Counseling
- ____ Cultural Competency
 - ____ African American
 - ____ Amish
 - ____ Appalachian
 - ____ Asian
 - ____ Hispanic/Latino
 - ____ Indian
 - ____ Russian
- ____ Forensic
- ____ Gay Lesbian Identified Provider
- ____ Gay/Lesbian Issues
- ____ Hearing Impaired
- ____ Police Issues

Service Type

- ____ Behavior Modification
- ____ Biofeedback
- ____ CBT (Cognitive Behavioral Therapy)
- ____ Child/Latency Therapy
- ____ Compulsive Gambling
- ____ Crisis Diversionary Services
- ____ Critical Incident Stress Debriefing
- ____ Developmental Disabilities
- ____ DBT (Dialectical Behavioral Therapy)
- ____ Disease Management Program
- ____ Domestic Violence/Physical Abuse Issues
- ____ EMDR
- ____ Family Therapy
- ____ Group Therapy
- ____ Home Visits
- ____ Hypnosis
- ____ Interpersonal Therapy
- ____ Jungian Therapy