

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.)

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

Others? (please list) _____

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

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

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. _____

Note. From *Preparing for Crises in the Schools* (2nd ed., pp. 131–132), by S. E. Brock et al., 2001, New York, NY: Wiley. Reprinted with permission.