

# Behavioral Health Provider Areas of focus questionnaire



All information but NPI will show in directories of PacificSource providers.

**Please complete and return to your PacificSource Provider Service Representative.**

Practitioner full name \_\_\_\_\_

Practitioner NPI \_\_\_\_\_

Practice name \_\_\_\_\_

Practitioner gender    Man    Woman    X    Practitioner race & ethnicity \_\_\_\_\_

Practitioner's languages spoken \_\_\_\_\_

Ages of patients accepted:

All ages	4-10 years (Children)	18-64 years (Adults)
0-3 years (Babies/Toddlers)	11-17 years (Adolescents)	65+ years (Seniors)

Do you provide services via telehealth?    Yes    No

If "Yes," do you solely provide telehealth services?    Yes    No

Your website URL \_\_\_\_\_

## Areas of specialized interest (please check all that apply)

If you are certified in any of the below areas, please attach a copy of such certificate(s).

ABA - Applied behavior analysis	Faith-based counseling	Sensorimotor
Anxiety	Family therapy	Sensory integration
Autism spectrum disorder	Geriatrics	Serious emotional disturbances of children
Children/teens	Grief/loss	Serious mental illness - adults
Chronic pain	Group therapy	Serious persistent mental illness
Cognitive therapy	Home visits	Sex offender treatment
Crisis intervention	LGBTQIA+	Social emotional disorder
Crisis stabilization	Life adjustments	Substance use disorder
Depression	Medication therapy management	Suicidal thoughts
Intellectual or development disabilities	Physical disabilities	Transgender and gender diversity
Eating disorders	Prenatal, pregnancy & postpartum	Trauma
Education	Psychotherapy	
Eye movement desensitization and reprocessing therapy	PTSD	