

Complete this form to disclose the most current information regarding your areas of expertise. This information will be made available to members to aid them in accessing appropriate care. A separate profile form must be completed for each individual provider. Please make copies of the form as applicable.

PROVIDER INFORMATION	
Provider Name	Provider Specialty
Provider Tax ID	National Provider Identifier (NPI)
Contact Name	Email Address
Phone Number	Fax Number
PATIENT AGES	
Please check the age ranges of the client populations you treat:	
<input type="checkbox"/> 0 to 6	<input type="checkbox"/> 7 to 11
<input type="checkbox"/> 19 to 65	<input type="checkbox"/> Over 65
<input type="checkbox"/> Other (<i>please specify</i>):	<input type="checkbox"/> 12 to 18
	<input type="checkbox"/> All Ages
LANGUAGES	
Please check all languages other than English spoken fluently in your office and in which you can provide treatment:	
<input type="checkbox"/> Spanish	<input type="checkbox"/> French
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> German
<input type="checkbox"/> Sign Language	<input type="checkbox"/> Other (<i>please specify</i>):
	<input type="checkbox"/> Chinese
	<input type="checkbox"/> Italian
AREAS OF EXPERTISE	
Please check all that pertain to the types of therapy you provide:	
<input type="checkbox"/> Behavioral Therapy for Autism	<input type="checkbox"/> Electroconvulsive Therapy (ECT)
<input type="checkbox"/> Cognitive Behavioral Therapy (CBT)	<input type="checkbox"/> Family Therapy
<input type="checkbox"/> Christian Counseling	<input type="checkbox"/> Group Therapy
<input type="checkbox"/> Dialectical Behavioral Therapy (DBT)	
Please check all that pertain to the types of disorders/issues/subspecialties you provide:	
<input type="checkbox"/> Abuse, Assault and Trauma (PTSD)	<input type="checkbox"/> Cultural/Ethnic Issues
<input type="checkbox"/> Adoption	<input type="checkbox"/> Depression
<input type="checkbox"/> Anxiety and Panic Disorders	<input type="checkbox"/> Divorce/Blended Family Issues
<input type="checkbox"/> Attention Deficit Disorders	<input type="checkbox"/> Eating Disorders
<input type="checkbox"/> Autism Spectrum Disorders	<input type="checkbox"/> End of Life Issues
<input type="checkbox"/> Bariatric Assessment	<input type="checkbox"/> Gay/Lesbian/Bisexual Issues
<input type="checkbox"/> Behavioral Modification	<input type="checkbox"/> Geriatrics
<input type="checkbox"/> Bipolar Disorders/Manic Depression	<input type="checkbox"/> HIV/AIDS Related Issues
<input type="checkbox"/> Brief Solution Focused	<input type="checkbox"/> Infertility
<input type="checkbox"/> Chemical Dependency/Assessment	<input type="checkbox"/> Medication Management
<input type="checkbox"/> Compulsive Gambling	<input type="checkbox"/> Men's Issues
	<input type="checkbox"/> Neuropsychological Testing
	<input type="checkbox"/> Obsessive Compulsive Disorders
	<input type="checkbox"/> Pain Management
	<input type="checkbox"/> Personality Disorders
	<input type="checkbox"/> Postpartum Issues
	<input type="checkbox"/> Psychological Testing
	<input type="checkbox"/> Prenatal Issues
	<input type="checkbox"/> Schizophrenic Disorders
	<input type="checkbox"/> Sexual Disorders
	<input type="checkbox"/> Women's Issues
	<input type="checkbox"/> Transgender Issues

Please complete this form and return via fax to 1-877-212-5640 or email at LouisianaPR@ndbh.com.