



**INDEPENDENT PRACTITIONERS**

Please complete this form for each physical location where you/your company deliver services. The information you provide will enable CenterPoint to appropriately refer consumers.

*Group Practices:* Please complete the form relative to the service capability of the group, rather than for each individual Practitioner. Please notify CenterPoint if you experience staff changes that change the overall capability of the group in terms of ages or disabilities served.

NAME OF PRACTITIONER: \_\_\_\_\_

CREDENTIAL: \_\_\_\_\_

GROUP PRACTICE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL \_\_\_\_\_

=====

1. Please provide a 2-3 sentence (maximum) description of your company \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

2. Number of first appointment slots available weekly \_\_\_\_\_.

3. Contact information for the person who will coordinate available appointments with CenterPoint.

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

4. Please provide information about the age groups and disability areas served by you or your group practice as follows:

Please place a check mark to indicate the age group(s) you are able to serve.

Please write in the disability areas you are able to serve, using the following key: Mental Health (MH), Substance Abuse (SA), Developmental Disability (DD). If you are able to serve consumers with a dual disability, please specify the disabilities (for example, MH/DD).

Clinical Specialty	Child	Adol	Adult	Disability Area
ADHD				
Alcohol / Drug Abuse				
Anger Management				
Autism				
Bipolar Disorders				
Chronic Pain				
Conduct Disorders				
Dialectical Behavior Therapy (DBT)				
Depression				
EMDR				
Eating Disorders				
Forensic Evaluator				
Physical Illness / Disability				
Post-Traumatic Stress Disorder				
Psychological Testing				
Psychotic Disorders				
Sex Offender Evaluation				
Sex Offender Treatment				
Other (Be <u>Specific</u> )				

Please return the completed form to: John Coble, 4045 University Parkway, Winston Salem, NC 27106; Phone (336) 714-9117; Fax (336) 714-9111.