



OSU HEALTH PLAN Behavioral Health Provider Survey

Please place a check beside each following category or expertise that applies to you. This form should be returned to the provider relations department by email to osuhealthplanpr@osumc.edu or fax to (614) 292-1166.

Provider Name: _____ License: _____

Practice Name: _____

Tax ID: _____

Email Address: _____

Practice Phone Number: _____

Accepting New Clients New Client Appointment available within __ weeks

Choose all that apply

Client Age

- Children 6 & under
- Children 7-12
- Adolescent 13-17
- Adult 18-64
- Geriatric (65 and over)

Languages

- African
- American Sign
- Arabic
- Chinese (Mandarin)
- French
- German
- Hindi
- Italian
- Japanese
- Portuguese
- Russian
- Somali
- Spanish

Cultural Competency

- African American
- Asian
- Hispanic/Latino
- Indian
- Russian
- Somali
- LGBTQ

Practice Demographics

- Weekend/Evening Hours
- Certified EAP Counselor
- Certified Pastoral Counselor
- DOT approved
- SAP/Substance Abuse
- Gay/Lesbian Identified Provider
- Transgendered Identified Provider
- Hearing Impaired
- Sex Offender/Abuse Professional
- Wheelchair Accessibility
- Worker's Compensation

Choose only 2 primary focus areas:

Specialties by diagnosis

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Depressive Disorders | <input type="checkbox"/> Relationship therapy/couples | <input type="checkbox"/> Sexual Abuse/Violence |
| <input type="checkbox"/> AIDS/ARC/HIV | <input type="checkbox"/> Dissociative Disorders | <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) | <input type="checkbox"/> Sexual Dysfunction |
| <input type="checkbox"/> Anxiety Disorders | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Organic Disorders | <input type="checkbox"/> Sleep Disorders |
| <input type="checkbox"/> Autism/PDD | <input type="checkbox"/> Grief Counseling | <input type="checkbox"/> Phobias | <input type="checkbox"/> Somatoform Disorder |
| <input type="checkbox"/> Bipolar D/O | <input type="checkbox"/> Infertility | <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) | <input type="checkbox"/> Substance Use Disorders |
| <input type="checkbox"/> Chronic/Physical Illness | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Schizophrenia Spectrum/ Psychotic Disorders | <input type="checkbox"/> Opiates |
| | <input type="checkbox"/> Personality Disorders | | <input type="checkbox"/> Compulsive Behaviors |

Choose only 3 service types:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Family therapy | <input type="checkbox"/> Behavioral modification | <input type="checkbox"/> Brief solution focused therapy | <input type="checkbox"/> Medication evaluation/management |
| <input type="checkbox"/> Group therapy | <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Crisis diversion services | <input type="checkbox"/> Medication assisted treatment (MAT) |
| <input type="checkbox"/> Home visits | <input type="checkbox"/> CBT (cognitive behavioral therapy) | <input type="checkbox"/> Critical incident stress debriefing (CISM) | <input type="checkbox"/> Neuropsychological testing |
| <input type="checkbox"/> Individual counseling | <input type="checkbox"/> DBT (dialectical behavioral therapy) | <input type="checkbox"/> Developmental disabilities | <input type="checkbox"/> Nutritional therapy |
| <input type="checkbox"/> EMDR | | <input type="checkbox"/> Positive psychology therapy | <input type="checkbox"/> Pain management |
| <input type="checkbox"/> Applied behavioral analysis | | | |