Inland Empire Health Plan

Behavioral Health
Areas of Expertise Form

Provider Name: _____
Last First M

License Number: _____ ☐ PhD/PsyD ☐ LMFT ☐ LCSW ☐ Psychiatric Mental Health NP

Patient Population- Indicate the age range that apply to each below.

Accepting New Patients: ☐ Yes ☐ No

Pediatric Ages:	**Adolescents Ages:**
Adult Ages:	**Geriatric Adult Ages:**

Psychiatrist: Board Certification(s):
☐ General ☐ Child and Adolescents ☐ Psychosomatic Medicine ☐ Addiction Medicine ☐ Geriatric ☐ N/A

Individual Therapy- Select all that apply below:

☐ 12 Step Recovery	☐ HIV/ AIDS Issues
☐ Non- 12 Step Recovery	☐ Life Transitions Issues
☐ Addiction: Chemical	☐ Maternal Mental Health
☐ Addiction: Non-Chemical	☐ Men's Issues
☐ Adjustment Disorder	☐ Military related PTSD
☐ Adoption Issues	☐ Obsessive Compulsive Disorder
☐ Adult Children of Alcoholics	☐ Pain Management
☐ Anger Management	☐ Parenting Issues
☐ Anxiety Disorder	☐ Personality Disorder
☐ Attention Deficit Disorder	☐ Post-Traumatic Stress Disorder
☐ Autism Spectrum Disorder	☐ Psychological Testing- **Intellectual**
☐ Behavioral/ Conduct Disorder	☐ Psychological Testing- **Personality**
☐ Bi-Polar Disorder	☐ Psychological Testing- **Projective**
☐ Cancer Survivor	☐ Psychotic/ Schizophrenic Mood Disorder
☐ Christian Counseling	☐ Reactive Attachment Disorder
☐ Chronic Illness	☐ Sexual Dysfunction
☐ Clinical Hypnosis	☐ Sexual/ Physical Abuse Perpetrators
☐ Codependency	☐ Sleep/ Wake Disorder
☐ Disability Related Mental Health Issues	☐ Somatoform Disorder
☐ Disruptive, Impulse Control & Conduct Disorder	☐ Stres Management
☐ Eating Disorder Spectrum	☐ Substance/ Addictive Disorder- **Naltrexone**
☐ EMDR - Certified	☐ Substance/ Addictive Disorder- **Suboxone**
☐ Factitious Disorder	☐ Substance/ Addictive Disorder- **Vivitrol**
☐ Family Counseling	☐ Women's Issues
☐ Gender Dysphoria	☐ Trauma
☐ Grief/ Loss	

Group Therapy- Select all that apply below:

☐ 12 Step Recovery	☐ Mood Disorders
☐ Non- 12 Step Recovery	☐ Men's Issue
☐ Addiction: Non-Chemical	☐ Parenting
☐ Anger Management	☐ Sexual/ Physical Abuse
☐ Anxiety Disorder	☐ Social Skills
☐ CBT	☐ Trauma
☐ Depression	☐ Women's Issues
☐ Grief/ Loss	☐ Other (specify):
☐ Medication Education Group	

Signature:

Print Full Name:

Provider's Signature:	**Date:**