Mental Health Referral Services and Provider Listing

Name _____ VA Licensure # _____

Practice Name_____

Physical Address: _____

Mailing Address: _____

Phone_____ Fax_____ Email_____

Website _____

Mental Health America of Fredericksburg offers a free information and referral service called HELPLINE. We maintain an extensive list of local mental health providers with their availability, payment methods, services, and areas of specialty. The MHAfred HELPLINE connects people in our community with appropriate and available mental health resources when they **call 540-371-2704 or go to www.mhafred.org and access HELPLINE.**

To be included on our HELPLINE listing, please complete the following form and return via:

- Fax at 540-372-3709
- Email to helpline@mhafred.org
- Mail to 618 Kenmore Ave, Suite 2A, Fredericksburg, VA 22401

The information requested on this form is used strictly for the MHAfred HELPLINE. Where applicable, we adhere to the privacy policies of Mental Health America (National). For more information about how your information is handled, please refer to our national privacy policy. https://mhanational.org/privacy-policy

1. Is this information for: ☐An individual provider OR ☐An agency with multiple professionals

2. What is your current client status? (This can be updated at any time.)

   ☐Accepting New Clients ☐Waitlisting Clients ☐Not Accepting New Clients

3. Current services are: ☐Telehealth Only ☐In-Person ☐Both

4. Please select your services:

   ☐Community Service
   ☐Counselor/Therapist
   ☐Crisis Stabilization
   ☐Day treatment/Partial Hospitalization
   ☐Evaluations/Testing
   ☐Psychiatry/Medication Management
   ☐Foster Care Treatment
   ☐Inpatient Treatment
   ☐Intensive In-Home Treatment
   ☐Intensive Outpatient Treatment
   ☐Residential Treatment

5. Clients served: ☐Individual ☐Couple ☐Family ☐Group ☐Co-Parenting

   Please list group therapies you provide:_____

6. Ages served: Youngest _____ Oldest _____

7. Specialized techniques:

☐ADHD testing
☐Autism and disability testing
☐Bariatric surgery evaluation
☐CBT (Cognitive Behavior Therapy)
☐Christian counseling
☐DBT (Dialectical Behavior Therapy)
☐EMDR (Eye Movement Desensitization & Reprocessing)
☐Forensic evaluation
☐Play therapy

Other: _____

8. Specialized populations:

☐Autism spectrum disorder
☐ Intellectual disabilities
☐Law enforcement families
☐LGBTQ+
☐Military families/veterans
☐Physical disabilities
☐Sex offenders

Other: _____

9. If you specialize in working with clients of any specific cultural/racial identities, please list them:

_____

10. Additional Languages (Spanish, sign for hearing impaired, etc.) _____

11. Please check areas of interest/specialty:

☐Addiction
☐Adjustment issues
☐Adoption
☐Alcohol abuse
☐Alzheimer's/Dementia
☐Anger management
☐Anxiety
☐ADD/ADHD
☐Autism spectrum
☐Behavior issues
☐Bereavement /Grief
☐Bipolar disorder
☐Child abuse
☐Child development
☐Chronic Illness
☐Conflict management
☐Custody issues
☐Depression
☐Developmental disorders
☐Divorce
☐Domestic violence
☐Drug/Substance abuse Dual diagnosis
☐Eating disorders
☐Family Issues
☐Gender Identity/ Sexuality
☐Hallucinations / Delusions
☐Learning problems
☐Life changes
☐Mood disorders
☐Neurocognitive disorders
☐Obesity/weight mgmt.
☐OCD
☐Panic attacks/disorders
☐Parenting issues
☐Personality disorders
☐Physical abuse
☐PTSD
☐Postpartum depression
☐Psychotic disorders
☐Relationship issues
☐Schizophrenia
☐School problems
☐Self-injury
☐Sex/pornography addiction
☐Sexual assault/abuse
☐Sexual dysfunction
☐Spiritual issues
☐Stress management
☐Suicidality
☐Trauma
☐TBI (Traumatic Brain Injury)
☐Video game addiction

Others: _____

12. Do you provide custody evaluations? Yes ☐ No ☐
13. Do you provide court-ordered psychological testing? Yes ☐ No ☐
14. Do you provide court-ordered treatment? Yes ☐ No ☐
15. Do you accept Worker's Compensation? Yes ☐ No ☐

16. Check all insurance/payment options that you accept:

☐Aetna
☐Anthem
☐Anthem BC/BS
☐Blue Cross/Blue Shield Federal (FEP)
☐CareFirst
☐Cigna
☐EAP
☐Humana
☐Optum
☐Private Pay
☐Sliding Scale

☐Medicaid
- ☐Aetna Better Health
- ☐Anthem Healthkeepers Plus
- ☐Magellan/Molina
- ☐Optima
- ☐Virginia Premier
- ☐United Community Plan

☐Medicare
☐Medicare Advantage
☐Tricare
☐United Healthcare
☐Veteran Affairs Community Care Network

☐Other: _____

17. List any disinterest areas/populations that you prefer not to work with:

_____

18. Anything not asked that will help us make appropriate referrals

_____