



SIERRA TUCSON®

Resource Application / Resource Provider Profile

DATE: _____ NAME: _____ CREDENTIALS: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE: _____ FAX: _____

WEBSITE: _____ E-MAIL: _____

Type of Service

- EAP
- Extended Care
- Halfway House/Sober Living
- Inpatient Hospital
- Intensive Workshops
- Interventionist
- Intensive Outpatient Program (IOP)
- Outpatient
- Partial Hospitalization
- Residential
- Other: _____

Education

- Psychiatrist
- Other Physician
- Psychologist
- Doctorate, Non-Psychologist
- Master's
- Bachelor's
- Certification: _____
- Nursing
- RD (Registered Dietitian/Nutritionist)
- Clergy
- Legal
- Non-Clinical
- Other: _____

Other

Years in Practice: _____

Fee Range for Services

- Sliding Scale: _____
- Private Pay: % of practice _____
- Insurance Accepted: % of practice _____
- Medicare
- Tricare

Specialty

- Adolescent
- Adult (18 & over)
- Adult Child of Alcoholic (ACOA)
- Anger Management
- Attention Deficit Hyperactivity Disorder (ADHD)
- Axis II Diagnosis
- CD/Alcoholism
- Children
- Codependency
- Compulsive Gambling/Spending
- Dissociative Id. Disorder (DID)
- Divorce
- Domestic Violence
- Dual Diagnoses
- Eating Disorders
- Equine
- Gay/Lesbian/Bisexual/Transgender (GLBT) Concerns
- Grief/Loss
- Internet Addiction
- Medication Management
- Men's Issues
- Mood Disorders
- Pain Management
- Sexual Addiction/Compulsivity
- Sexual Offenders
- Smoking Cessation
- Trauma
- Women's Issues
- Other: _____

Modality

- 12-Step Approach
- Acupuncture
- Art/Music/Dance Therapy
- Biofeedback
- Cognitive-Behavioral (CBT)
- Couple's Counseling
- Dialectical Behavior Therapy (DBT)
- Eye Movement Desensitization & Reprocessing (EMDR)
- Experiential Therapy
- Family Therapy
- Group Therapy (specify) _____
- Guided Imagery
- Hypnotherapy
- Imago
- Individual Therapy
- Massage
- Meditation/Relaxation
- Neurotherapy
- Psychodrama
- Reiki
- Somatic Experiencing®
- Vocational Counseling
- Other: _____

Do you refer to Inpatient Treatment?
 Yes No

**Dear Colleague: Completing this information will help Sierra Tucson
direct appropriate clients to your practice/facility.**

Thank you for your time in completing the profile!

Notes: _____

Please return to:

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