



Professional Partner Network Profile

The information you provide in this profile will help us in referring appropriate clients to your practice.

Name: _____ Credentials: _____

Title: _____

Organization/Agency Name: _____ Website: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Service: Detox Early Recovery Group Extended Care PHP
 IOP Inpatient Hospital Individual Cslg Outpatient
 EAP Residential Other: _____

Population: Children Adolescents Adults Older Adult

Specialty Services:

ACOA Alternative Therapy Anger Management Alcoholism Codependency
 Couples Divorce Dual Diagnosis Depression DUI
 EAP Eating Disorders Gambling Grief / Loss Internet Addiction
 Intervention Pain Management PTSD Relapse Sexual Addiction
 Trauma Sexual Abuse Trauma Women's Issues
 Other: _____

Funding Accepted

Public Private Pay Sliding Fee Scale Insurance