



C.A.P.E.S. Program for Primary Care Physicians Community Mental Health Provider Database

Please complete this form and fax to 518-583-2265

The Community Mental Health Provider database, as created by the C.A.P.E.S. Program for Primary Care Physicians, includes information regarding all of the services provided by each mental health professional that has linked with our program.

Please complete this form by selecting which categories pertain to your patient. We will narrow our referral information using the parameters that you select.

In return, we will send to you a list of mental health professionals that will include: the provider's name, credential, agency affiliation, business address, and phone number.

Physician Name: _____ **Office Fax Number:** _____

Patient Information

Age: _____ **City of Residence:** _____

Insurance Type: _____

Type of Treatment Modalities Requested:

- Individual Therapy
- Group Therapy
- Family Therapy
- Psychiatric Evaluations
- Medication Management

Provider Specialty Services Requested:

- | | | |
|---|--|---|
| <input type="checkbox"/> Abuse (Physical/Sexual) | <input type="checkbox"/> Depression | <input type="checkbox"/> Oppositional Defiant Disorder |
| <input type="checkbox"/> Adoption Issues | <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Panic Disorder |
| <input type="checkbox"/> Aggression/Anger Mngmt. | <input type="checkbox"/> Dialectical Behavioral Therapy | <input type="checkbox"/> Pervasive Development Disorder |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Disruptive Behavior Disorder | <input type="checkbox"/> Personality Disorders |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Dissociative Disorders | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> ADHD Testing | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Attachment Disorder | <input type="checkbox"/> Forensic/Child Custody/Court Evals. | <input type="checkbox"/> Psych Testing |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Gay/Lesbian Issues | <input type="checkbox"/> Psycho-Educational Testing |
| <input type="checkbox"/> Alcohol/Substance Abuse | <input type="checkbox"/> Grief/Bereavement | <input type="checkbox"/> Psychotic Disorders |
| <input type="checkbox"/> Behavior Modification | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> School-Based Services |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Mood Disorders | <input type="checkbox"/> Sleep Disorders |
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Neuropsychological Testing | <input type="checkbox"/> Somatoform Disorders |
| <input type="checkbox"/> Conduct Disorder | <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> TIC Disorder |
| | | <input type="checkbox"/> Trichotillomania |