

NAMI Far North

Bonner County and Boundary County Mental Health Service Provider Directory Questionnaire

The information you provide will be published in the next revised edition of the NAMI Far North Mental Health Service Provider Directory

NAME: _____ ADDRESS: _____

PHONE: _____ E-MAIL: _____

NO CHANGE from 2011 Directory.

What are your mental health credentials?

Where do you have offices? Sandpoint Bonners Ferry Priest River

Do you have a medical consultant in your practice? Yes No

What type of payment do you accept? Private Pay Medicaid Medicare Sliding Scale

Which of the following areas do you consider your specialty?

- ADHD
- Anger Management
- Antisocial/Illegal Behavior
- Anxiety Disorders:
 - PTSD
 - Panic
 - OCD
- Children/Adolescents:
 - Conduct Disorder
 - Encopresis/Enuresis
 - Oppositional Defiant Disorder
 - RAD
- Domestic Violence:
 - Victims
 - Perpetrators
- Major Psychiatric Disorders:
 - Schizophrenia
 - Bipolar Disorder
 - Schizoaffective Disorder
 - Major Depression
- Personality Disorders:
 - Borderline
 - Antisocial
 - Other _____
- Sexual Abuse:
 - Victims
 - Perpetrators
 - Children Victims/Perpetrators
- Substance Use Disorders:
 - Alcohol
 - Drugs

In your specialty, please describe your preferred method of treatment: _____

Type of treatment you provide:

- CBT
- DBT
- Behavioral
- EMDR
- Hypnosis
- Art
- RET
- Spiritual
- Biofeedback
- Play Therapy
- Other (Please Describe) _____

Is there any other information you would like for us to include in the Directory? (i.e., Saturday or evening appointments, second language, sign language, etc.) _____