



## Therapist's Profile & Information Form

Therapist's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Where do you want your mail forwarded? Business  Home

When can CCC staff contact you? (days /times) \_\_\_\_\_

Where to call first? (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ 2<sup>nd</sup> (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Contact Numbers: Business (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Pager/VM (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Licensed? Yes  No  Type \_\_\_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_\_

**Pre-Licensed** Type \_\_\_\_\_ Number \_\_\_\_\_ Supervisor \_\_\_\_\_

**Student** Field \_\_\_\_\_ School \_\_\_\_\_

Liability Insurance Carrier \_\_\_\_\_ Expires \_\_\_\_\_

For Community Counseling Center Client Referrals:

Number of Clients you can take at any given time: \_\_\_\_\_

Where you can see CCC clients: (check all that apply)

Your office: SLO  North County  South County

Would you use available space in: North County  South County  North Coast

CCC office: SLO  North County  South County

Note: students and pre-licensed volunteers must see clients at CCC

### **We can make private referrals to licensed practitioners when applicants do not qualify for CCC**

Please fill out the following:

Are you willing to offer sliding scale in own private practice? Yes  No  If yes, minimum fee \_\_\_\_\_

Issues and clients you WILL NOT see: \_\_\_\_\_

\_\_\_\_\_

Insurance provider for: \_\_\_\_\_

(for purposes of referral of insured clients)

Issues and clients you would prefer to see: \_\_\_\_\_

\_\_\_\_\_

Other information/comments you would like to share:

\_\_\_\_\_

\_\_\_\_\_