



Blue Cross Blue Shield of Massachusetts Behavioral Health Provider Clinical Profile

Information from this Clinical Profile will be made available to members to aid them in accessing appropriate care.

Provider's Name: _____

Provider's NPI: _____

Client Information

Please check the age ranges of the client populations you treat and provide the percentage of your practice represented by each. **Please note if you mark any percentage on this form you will be listed as a provider for that population on our online directory.** Total percentage must equal 100%.

- | | |
|---|--|
| <input type="checkbox"/> Older adults (65 and over) _____ | <input type="checkbox"/> Younger Children (0 to 4) _____ |
| <input type="checkbox"/> Older children (5 to 11) _____ | <input type="checkbox"/> Adolescents (12 to 17) _____ |
| <input type="checkbox"/> Adults (18 to 64) _____ | TOTAL (must equal 100%) _____ |

Please list any languages (including sign language) other than English that you speak fluently and in which you can provide treatment: _____

Areas of Expertise

Please check all that pertain to the types of therapy you provide:

- | | | |
|---|---|--|
| <input type="checkbox"/> Behavioral therapy | <input type="checkbox"/> Family therapy | <input type="checkbox"/> Outpatient medical detox services |
| <input type="checkbox"/> Couples therapy | <input type="checkbox"/> Group therapy | <input type="checkbox"/> Psychological testing |
| <input type="checkbox"/> Cognitive behavioral therapy | <input type="checkbox"/> Individual therapy | <input type="checkbox"/> Psychopharmacology |
| <input type="checkbox"/> Dialectical behavioral therapy | <input type="checkbox"/> Neuropsychological testing | |

Please check all that pertain to the types of disorders you treat:

- | | | |
|--|---|---|
| <input type="checkbox"/> Adjustment disorders | <input type="checkbox"/> Conduct disorders | <input type="checkbox"/> Organic mental disorders |
| <input type="checkbox"/> Anxiety disorders | <input type="checkbox"/> Depressive disorders | <input type="checkbox"/> Personality disorders |
| <input type="checkbox"/> Attention deficit disorders | <input type="checkbox"/> Developmental disorders | <input type="checkbox"/> Sexual dysfunctions |
| <input type="checkbox"/> Autism spectrum disorders | <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Substance use |
| <input type="checkbox"/> Chronic mental disorders | <input type="checkbox"/> Obsessive compulsive disorders | |

Please check all that pertain to the types of subspecialties you treat:

- | | | |
|--|--|--|
| <input type="checkbox"/> ACOA/Co-dependency | <input type="checkbox"/> Health care professionals | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Physical abuse |
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Homebound patients | <input type="checkbox"/> Physical disabilities |
| <input type="checkbox"/> Chronic medical illness | <input type="checkbox"/> Internet addictions | <input type="checkbox"/> Sexual abuse |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Law enforcement professionals | <input type="checkbox"/> Sexual addictions |
| <input type="checkbox"/> Gambling addictions | <input type="checkbox"/> Military professionals/family | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Gay/lesbian | <input type="checkbox"/> New immigrants | |
| <input type="checkbox"/> Grief counseling | <input type="checkbox"/> Nursing home patients | |