

## Magellan Practice Information Form

The following information is provided to support the referral process.

1. Please check area(s) within your scope of practice for which you have training and expertise, and for which you are accepting referrals. A minimum of one (1) selection is required in both the General Categories and Age Categories. In addition, please indicate within the General and Age categories the approximate percentage of your practice that area represents. The total within each category should add to 100%.

General Categories	% of Practice	Age Categories	% of Practice
<input type="checkbox"/> Mental Health		<input type="checkbox"/> Geriatrics (65 and older)	
<input type="checkbox"/> Substance Abuse		<input type="checkbox"/> Adult (18-64)	
<input type="checkbox"/> Employee Assistance Program (EAP)		<input type="checkbox"/> Adolescent (13-17)	
	100%	<input type="checkbox"/> Older Child (6-12)	
		<input type="checkbox"/> Younger Child (0-5)	
			100%

2. We encourage you to also make additional selections in the specialty areas below.
- First- select:** Check area(s) within your scope of practice for which you have training and expertise, and for which you are accepting referrals. Indicate your selections in the check box to the left of the practice area.
  - Then- rank:** Select five (5) of the areas where you've indicated particular expertise and rank order these "1" to "5" with "1" being greatest expertise of the five areas identified. Indicate your ranking in the "Rank" column to the right of the practice area.

	Rank		Rank
<input type="checkbox"/> Depressive Disorders		<input type="checkbox"/> Group Psychotherapy	
<input type="checkbox"/> Anxiety Disorders		<input type="checkbox"/> Mobile Crisis/Home-based	
<input type="checkbox"/> Personality Disorders		<input type="checkbox"/> Marriage/Family	
<input type="checkbox"/> PTSD		<input type="checkbox"/> Medication Management	
<input type="checkbox"/> Bipolar Disorder		<input type="checkbox"/> Electroconvulsive Therapy (ECT)	
<input type="checkbox"/> Psychotic Disorders		<input type="checkbox"/> Neuropsychological Testing	
<input type="checkbox"/> Substance Abuse Disorders		<input type="checkbox"/> Psychological Testing	
<input type="checkbox"/> Eating Disorders		<input type="checkbox"/> Neuropsychiatric Assessment	
<input type="checkbox"/> ADHD		<input type="checkbox"/> Cognitive Behavioral Therapy (CBT)	
<input type="checkbox"/> Conduct Disorders		<input type="checkbox"/> Faith-Based Counseling: _____	
<input type="checkbox"/> Developmental Disorders		<input type="checkbox"/> Fitness-for-Duty Assessment	
<input type="checkbox"/> Sexual Disorders		<input type="checkbox"/> Worker's Comp/Disability	
<input type="checkbox"/> Gay/Lesbian/Transgender Issues		<input type="checkbox"/> Workplace Violence	
<input type="checkbox"/> Perpetrators of Violence/Sexual Abuse		<input type="checkbox"/> Life Coaching	
<input type="checkbox"/> Victim of Violence, Abuse, Assault, Trauma			
<input type="checkbox"/> Medical / Behavioral Co-Morbidity		<i>EAP only</i> <input type="checkbox"/> Substance Abuse Professional (SAP/DOT)	
<input type="checkbox"/> Obesity		<i>EAP only</i> <input type="checkbox"/> EAP Assessment and Referral	
<input type="checkbox"/> Diabetes		<i>EAP only</i> <input type="checkbox"/> Short-term Resolution	
<input type="checkbox"/> Cardiovascular Disease		<i>EAP only</i> <input type="checkbox"/> Management/Supervisor Consultation	
<input type="checkbox"/> Cancer		<i>EAP only</i> <input type="checkbox"/> Critical Incident Stress Management (CISM)	
<input type="checkbox"/> Childhood Medical Conditions		<i>EAP only</i> <input type="checkbox"/> Wellness/ Supervisory Training	
<input type="checkbox"/> HIV/AIDS		<i>EAP only</i> <input type="checkbox"/> Formal/ Mandatory Referral	
<input type="checkbox"/> Asthma		<i>EAP only</i> <input type="checkbox"/> Employee Orientation	
<input type="checkbox"/> Chronic Pain		<i>EAP only</i> <input type="checkbox"/> Return to Work consultation	

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Return this form to: Magellan Health Services, Inc; Attn: Data Management 14100 Magellan Plaza; Maryland Heights, MO 63043