Therapist Form for Sidran Resource Database

If you are a clinician treating clients who have experienced psychological trauma, childhood abuse or dissociation, the Sidran Institute Help Desk would like to list your services in our resources database. To be included in our Therapist Directory, please complete the questionnaire below. If you need more space for any of the questions, please feel free to attach an additional sheet. There is no charge for inclusion. Please mail completed forms to 200 E. Joppa Road, Suite 207, Baltimore, MD 21286, or fax them to us at 410-337-0747. Thank You.

Contact Information
(*) = required field

* First Name:____________________________ Middle Name:______________________________

* Last Name: ____* Degree:______________________

Title: ____

Company:____

*Office Address: ____

* City:___________________________________* State/Province:___________________________

* Zip/Postal Code:________________________ *Country______________________________________

Second Address (If Applicable):____

City: ____________________________________State/Province: ____________________________

Zip/Postal Code: _________________________ Country:___________________________________

*Phone #:________________________________ Extension_________________

Alternate Phone #:_______________________ Extension_________________

Fax Number :____________________________

* Email (For Administrative Use Only):____

Public Email Address: ____

I give permission for Sidran to share my public email address above with potential clients?

Yes ☐ No ☐

* Have you previously submitted your information? ☐

* Therapist Gender: Female ☐ or Male ☐

Training and Credentials:

* Please list degrees, certification, and other training: ___________________________________

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* Please list memberships in professional organizations:__________________________________

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* Have you ever been censured by any professional licensing body? Yes ☐ No ☐

If yes, please specify dates and circumstances: ____

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* Do you use: Hypnosis? Yes ☐ No ☐

EMDR? Yes ☐ No ☐

Energy Therapies? Yes ☐ No ☐

If yes, please specify for what purposes: ____

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* Do you have advanced training in: Trauma/PTSD? Yes ☐ No ☐

Dissociative Disorders/DID? Yes ☐ No ☐

Services Provided

*Do you provide: Individual Therapy? Yes ☐ No ☐

Group Therapy? Yes ☐ No ☐

Family Therapy? Yes ☐ No ☐

Couples Therapy? Yes ☐ No ☐

Peer-Run Support Groups? Yes ☐ No ☐

Therapist-Run Support Groups? Yes ☐ No ☐

* Are you affiliated with a treatment center that provides inpatient services? Yes ☐ No ☐

* Are you affiliated with a psychiatrist that provides pharmaceutical support? Yes ☐ No ☐

Populations Served

* Populations served: Children? ☐ Adolescents? ☐ Adult Men? ☐ Adult Women? ☐

Special populations served: Gay/Lesbian? ☐ Combat Veterans? ☐ Refugees? ☐

Ritual Abuse Victims? ☐ Offenders (Adult)? ☐ Offenders (Juvenile)? ☐

Please describe any other special populations that you serve:______________________________

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* Is your office accessible to people with physical disabilities? Yes ☐ No ☐

*Are you fluent in any languages other than English (including ASL for the hearing impaired)? ☐ If so, please specify which ones:____

*Do you treat: Post Traumatic Stress Disorder? Yes ☐ No ☐

DID/Dissociative Disorders? Yes ☐ No ☐

Eating Disorders? Yes ☐ No ☐

Self-Injury? Yes ☐ No ☐

Borderline Personality Disorder? Yes ☐ No ☐

Sleep Disorders? Yes ☐ No ☐

Depressive Disorders? Yes ☐ No ☐

	Yes	No
Anxiety Disorders?	Yes ☐	No ☐
Substance Abuse/Dual Diagnosis?	Yes ☐	No ☐
Sexual Orientation/Identity Issues?	Yes ☐	No ☐

Other Relevant Specialties (Please Describe):____

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Insurance Information

*Do you have/accept:			
	Private Insurance?	Yes ☐	No ☐
	Medicare?	Yes ☐	No ☐
	State Assistance?	Yes ☐	No ☐
	Negotiable Fees?	Yes ☐	No ☐
	A Sliding Fee Scale?	Yes ☐	No ☐
	Fee only (no insurance)?	Yes ☐	No ☐

Please specify which insurance plans you accept: ____

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Therapist Statement

* Therapist Statement: Write something about yourself or your practice that potential clients would benefit from knowing: this could include your approach, philosophy, background, techniques or other information. This statement will be shared with prospective clients (Please attach an additional sheet, if needed): ____

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