

**Directory of Mental Health Service Providers • Entry Form**

*A community mental health directory provided by*

**Mental Health America of Tippecanoe County and NAMI West Central Indiana**

[www.mentalhealthnet.net](http://www.mentalhealthnet.net)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Credentials \_\_\_\_\_ (Ph.D., LCSW, MSW, etc.)

Clinic or Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Sliding Fee Scale?  Yes  No  
Faith-based Services?  Yes  No

Medicaid Accepted?  Yes  No  
Medicare Accepted?  Yes  No

Please check clientele you serve:  Children  Adolescents  Adults  Geriatric

Please check the mental health needs and services you currently provide:

- |  |  |
|--|--|
| <input type="checkbox"/> Addiction                           | <input type="checkbox"/> Parenting                                 |
| <input type="checkbox"/> Alcohol Abuse                       | <input type="checkbox"/> Personality Disorders                     |
| <input type="checkbox"/> Anger Management                    | <input type="checkbox"/> Phobias                                   |
| <input type="checkbox"/> Anxiety Disorders                   | <input type="checkbox"/> Physical Abuse                            |
| <input type="checkbox"/> Attention Deficit Disorder (ADD)    | <input type="checkbox"/> Play Therapy                              |
| <input type="checkbox"/> Autistic Spectrum Disorders         | <input type="checkbox"/> Post Traumatic Stress Disorder (PTSD)     |
| <input type="checkbox"/> Behavior Problems                   | <input type="checkbox"/> Psychiatric Care                          |
| <input type="checkbox"/> Bipolar Disorder                    | <input type="checkbox"/> Psychological Assessment                  |
| <input type="checkbox"/> Borderline Personality Disorder     | <input type="checkbox"/> Psychotherapy                             |
| <input type="checkbox"/> Codependency                        | <input type="checkbox"/> Relationship Issues                       |
| <input type="checkbox"/> Depression                          | <input type="checkbox"/> Schizophrenia & Schizoaffective Disorders |
| <input type="checkbox"/> Dissociative Disorders              | <input type="checkbox"/> School Problems                           |
| <input type="checkbox"/> Divorce Recovery                    | <input type="checkbox"/> Self-Esteem                               |
| <input type="checkbox"/> Eating Disorders                    | <input type="checkbox"/> Self-Injury                               |
| <input type="checkbox"/> Family Therapy                      | <input type="checkbox"/> Sexual Abuse                              |
| <input type="checkbox"/> Grief and Loss                      | <input type="checkbox"/> Sexual Issues                             |
| <input type="checkbox"/> Marriage Counseling                 | <input type="checkbox"/> Stress                                    |
| <input type="checkbox"/> Men's Issues                        | <input type="checkbox"/> Substance Abuse                           |
| <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) | <input type="checkbox"/> Trauma                                    |
| <input type="checkbox"/> Oppositional Defiant Disorder       | <input type="checkbox"/> Women's Issues                            |
| <input type="checkbox"/> Panic Disorder                      |  |

Does your clinic provide case management? \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_