

Mental Health Designation Worksheet
Psychiatry Services Questionnaire

(To be completed on all Psychiatrists, Clinical Psychologist, Clinical Social Workers, Psychiatric Nurse Specialists, Marriage and Family Therapist)

Name: _____

Address: _____

Telephone #: _____ Board Certified: _____ Yes _____ No

Specialty: _____ Percent of Practice: _____

Subspecialty: _____ Percent of Practice: _____

NHSC Scholar or Loan Repayment Participant: _____ Yes _____ No

J1 Visa Holder _____ Yes _____ No Resident or Intern _____ Yes _____ No

Federal Employee _____ Yes _____ No

Location of Practice: (city/county) _____ Zip Code: _____

How many hours per week are you engaged in **Outpatient Care** activities at this location? _____

Additional office location: (city/county) _____ Zip Code: _____

How many hours per week are you engaged in **Outpatient Care** activities at this location? _____

Do you have Hospital admitting privileges? _____ Yes _____ No

If applicable, how many hours per week are you engaged in **Inpatient Care** activities: _____ Location: _____

Does Physician accept new patients? _____ Yes _____ No

When a patient calls the Physician's office to request an appointment, what is the usual wait time between the request and the appointment:

New Patients (Days):

Current Patients (Days):

When a patient has an appointment, what is the usual wait time between the appointment time and the actual time that the physician sees the patient?

New Patients (Hours):

Current Patients (Hours):

If you work less than 40 hours per week in Outpatient Care, a brief explanation should be provided (i.e. semi-retired, administrative duties, teaching, nursing home care, etc).

Do you routinely serve Medicaid patients at the office? Yes No

Do you routinely serve CMO patients at the office? Yes No

Do you offer a sliding fee scale based upon income or ability to pay? Yes No

If yes, what percentage of your practice is spent on sliding fee scale patients?

Please provide a copy of your sliding fee scale with this questionnaire.