



Membership Profile

Name:

Email Address:

Phone Number:

Clinic & Locations (City):

License/
License #:

Date of Birth:

Specialties: (Please select all that apply)
<input type="checkbox"/> Abortion Concerns
<input type="checkbox"/> Acceptance and Commitment Therapy
<input type="checkbox"/> ADHD Testing
<input type="checkbox"/> ADHD Treatment
<input type="checkbox"/> Adjustment Disorders
<input type="checkbox"/> Adoption Concerns
<input type="checkbox"/> Alzheimer's / Dementia
<input type="checkbox"/> Anger Management
<input type="checkbox"/> Anxiety Disorders
<input type="checkbox"/> Applied Behavioral Analysis (ABA) Therapy
<input type="checkbox"/> Appointment Type - Individual Therapy
<input type="checkbox"/> Appointment Type - Telepsychiatry
<input type="checkbox"/> Appointment Type - Teletherapy
<input type="checkbox"/> Autism Spectrum Disorder Evaluations
<input type="checkbox"/> Autism Spectrum Disorder Treatment
<input type="checkbox"/> Bariatric Evaluations
<input type="checkbox"/> Behavioral Concerns in Children
<input type="checkbox"/> Biofeedback Therapy*
<input type="checkbox"/> Bipolar Disorders
<input type="checkbox"/> Borderline Personality Disorder
<input type="checkbox"/> Bullying
<input type="checkbox"/> Buprenorphine/Suboxone Treatment
<input type="checkbox"/> Bus Line-Within 10 Blocks
<input type="checkbox"/> Bus Line-Within 2 Blocks
<input type="checkbox"/> Career Counseling
<input type="checkbox"/> Caregiver Concerns

Specialties (continued)
<input type="checkbox"/> Children with Problematic Sexual Behavior
<input type="checkbox"/> Children's Therapeutic Support Services (CTSS)
<input type="checkbox"/> Christian Counseling
<input type="checkbox"/> Chronic Pain/Health Issues
<input type="checkbox"/> Codependency
<input type="checkbox"/> Cognitive Behavioral Therapy (CBT)
<input type="checkbox"/> Cognitive Behavioral Therapy for Insomnia (CBTI)
<input type="checkbox"/> Conduct Disorder
<input type="checkbox"/> Co-occurring Mental Health and Substance Use
<input type="checkbox"/> Court Ordered Therapy
<input type="checkbox"/> DBT - Certified*
<input type="checkbox"/> DBT Skills
<input type="checkbox"/> Depression
<input type="checkbox"/> Developmental Disabilities
<input type="checkbox"/> Dissociative Disorders
<input type="checkbox"/> Domestic Abuse Perpetrator
<input type="checkbox"/> Domestic Abuse Victims
<input type="checkbox"/> Eating Disorders
<input type="checkbox"/> Emotionally Focused Couples Therapy
<input type="checkbox"/> Eye Movement Desensitization & Reprocess (EMDR)*
<input type="checkbox"/> Facility Based Substance Use Disorder Treatment
<input type="checkbox"/> Family Conflict
<input type="checkbox"/> Family Therapy
<input type="checkbox"/> Fetal Alcohol Syndrome (FAS)
<input type="checkbox"/> Forensic Psychology
<input type="checkbox"/> Gambling Concerns

Specialties (continued)
<input type="checkbox"/> Gender Dysphoria
<input type="checkbox"/> Geriatrics
<input type="checkbox"/> Grief/Loss
<input type="checkbox"/> Group Counseling
<input type="checkbox"/> Handicap Accessible Office
<input type="checkbox"/> Health Behavior and Weight Concerns
<input type="checkbox"/> HIV/AIDS Concerns
<input type="checkbox"/> Home Based Therapy
<input type="checkbox"/> Hypnotherapy
<input type="checkbox"/> Internet / Gaming Disorders
<input type="checkbox"/> Interpersonal Psychotherapy (IPT)
<input type="checkbox"/> Learning Disorder Testing
<input type="checkbox"/> LGBTQ+ Informed
<input type="checkbox"/> Neuropsychological Testing
<input type="checkbox"/> Obsessive Compulsive Disorder
<input type="checkbox"/> Panic Disorders
<input type="checkbox"/> Paranoia
<input type="checkbox"/> Paraphilic Disorders
<input type="checkbox"/> Parenting Concerns

***BHP requires documentation on these specialties**

Please fax this checklist, and (if applicable) documentation of Training/CEU credits to BHP Network Services: Fax # 763-486-4436 or email to nservices@bhpnet.com



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Specialties (continued)
<input type="checkbox"/> Personality Testing
<input type="checkbox"/> Phobias
<input type="checkbox"/> Play Therapy
<input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD)
<input type="checkbox"/> Psychological Testing
<input type="checkbox"/> Reactive Attachment Disorder
<input type="checkbox"/> Relationship Therapy
<input type="checkbox"/> Reproductive Concerns
<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Seasonal Affective Disorder
<input type="checkbox"/> Self-harm
<input type="checkbox"/> Serious and Persistent Mental Illness (SPMI)
<input type="checkbox"/> Sexual Dysfunction
<input type="checkbox"/> Sexual Perpetration-Adult
<input type="checkbox"/> Sexual Trauma
<input type="checkbox"/> Single Parent Families
<input type="checkbox"/> Sleep Disorders
<input type="checkbox"/> Sliding Fee
<input type="checkbox"/> Step Family Concerns
<input type="checkbox"/> Stress Reduction
<input type="checkbox"/> Substance Use Concerns/Recovery
<input type="checkbox"/> Substance Use Disorder Assessment*
<input type="checkbox"/> Tic Disorders / Trichotillomania
<input type="checkbox"/> Traumatic Brain Injury Treatment
<input type="checkbox"/> Veterans & Military
<input type="checkbox"/> Works with Interpreters
<input type="checkbox"/> Works with Patients Without Insurance

Languages
<input type="checkbox"/> American Sign Language
<input type="checkbox"/> Speaks Arabic
<input type="checkbox"/> Speaks Cambodian
<input type="checkbox"/> Speaks Cantonese
<input type="checkbox"/> Speaks Chinese
<input type="checkbox"/> Speaks Czech
<input type="checkbox"/> Speaks Farsi
<input type="checkbox"/> Speaks French
<input type="checkbox"/> Speaks German
<input type="checkbox"/> Speaks Hindi
<input type="checkbox"/> Speaks Hmong
<input type="checkbox"/> Speaks Italian
<input type="checkbox"/> Speaks Japanese
<input type="checkbox"/> Speaks Korean
<input type="checkbox"/> Speaks Mandarin
<input type="checkbox"/> Speaks Oromo
<input type="checkbox"/> Speaks Polish
<input type="checkbox"/> Speaks Russian
<input type="checkbox"/> Speaks Serbo-Croatian
<input type="checkbox"/> Speaks Slavic
<input type="checkbox"/> Speaks Somali
<input type="checkbox"/> Speaks Spanish
<input type="checkbox"/> Speaks Swahili
<input type="checkbox"/> Speaks Thai
<input type="checkbox"/> Speaks Ukrainian
<input type="checkbox"/> Speaks Urdu
<input type="checkbox"/> Speaks Vietnamese
<input type="checkbox"/> Speaks Yoruba

Insurance
<input type="checkbox"/> Active Insurance - Patient Wants to be Self-Pay
<input type="checkbox"/> Aetna
<input type="checkbox"/> America's PPO
<input type="checkbox"/> Blue Cross Blue Shield
<input type="checkbox"/> Cigna - HP
<input type="checkbox"/> Health Partners
<input type="checkbox"/> Hennepin Health (MHP)
<input type="checkbox"/> Humana
<input type="checkbox"/> LaborCare UnitedHealthcare - UBH
<input type="checkbox"/> Medica - UBH
<input type="checkbox"/> Medical Assistance - MN Medicaid
<input type="checkbox"/> Medicare
<input type="checkbox"/> PreferredOne
<input type="checkbox"/> PrimeWest Health
<input type="checkbox"/> SelectCare - UBH
<input type="checkbox"/> Self-Pay
<input type="checkbox"/> South Country Health Alliance
<input type="checkbox"/> Tricare
<input type="checkbox"/> UCare
<input type="checkbox"/> United Healthcare
<input type="checkbox"/> Value Options
<input type="checkbox"/> Wilderness Health ACO

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Membership Profile

Patient Age Ranges

(Check if YES, and specify Minimum and Maximum age for each category Yes is selected)

<input type="checkbox"/> Sex Assigned at Birth – Female	Minimum	Maximum
<input type="checkbox"/> Sex Assigned at Birth – Male	Minimum	Maximum
<input type="checkbox"/> Gender Identity – Female	Minimum	Maximum
<input type="checkbox"/> Gender Identity – Male	Minimum	Maximum
<input type="checkbox"/> Gender Identity – Non-Conforming	Minimum	Maximum
<input type="checkbox"/> Gender Identity – Non-Binary	Minimum	Maximum
<input type="checkbox"/> Gender Identity – Transgender Female	Minimum	Maximum
<input type="checkbox"/> Gender Identity – Transgender Male	Minimum	Maximum
<input type="checkbox"/> Gender Identity – Other	Minimum	Maximum
<input type="checkbox"/> Gender Identity – Prefer Not to Answer	Minimum	Maximum

Provider Identity

Provider Identifies as Alaskan Native

Provider Identifies as American Indian

Provider Identifies as Asian

Provider Identifies as Black or African American

Provider Identifies as LGBTQ+

Provider Identifies as Native Hawaiian or other Pacific Islander

Provider Identifies as White or Caucasian

Career Stage

(Post licensure experience)

Early Career Provider (1-10 years)

Mid-Career Provider (11-20 years)

Senior Career Provider (21-30 years)

Late Senior Career Provider (31+ years)

Appointment Availability

(Check if YES)

Do you work weekend hours?

Do you work evenings?

Are you interested in participating in ScheduR® to receive referrals?

Are you accepting new patients?

Appointment Type(s) Offered

(Check if YES)

Therapy (In Person)

Teletherapy

Medication Management (In Person)

Telepsychiatry