

FOR OFFICE USE ONLY

Date Received: _____

TIMHS #: _____

Tulane Infant Mental Health Services
Consultation Services
Provider Registration Form

Please print out form and return by fax to 504 988 4264 Attn: TIMHS. For questions call 504 988 9184.

Date:	
Name:	
Practice Name:	
Address including zip code:	
E-mail:	
Office Back Line Phone Number:	
PHYSICIAN INFORMATION	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Number of Years in Practice:
Residency Training: <input type="checkbox"/> Pediatrics <input type="checkbox"/> Family Practice <input type="checkbox"/> Med-Peds <input type="checkbox"/> Other:	
Specialty Training: <input type="checkbox"/> No <input type="checkbox"/> Yes:	
Board Certification: <input type="checkbox"/> None <input type="checkbox"/> ABP <input type="checkbox"/> ABFP <input type="checkbox"/> Other	
PRACTICE INFORMATION	
Number of physicians in practice:	Number NPs in practice: Any mental health professionals in your practice? <input type="checkbox"/> No <input type="checkbox"/> Yes:
Approximate percentage of children in your practice who have public insurance: <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 90 <input type="checkbox"/> 100	
Comments:	
Please let us know if you have specific requests for continuing education programs or resources on infant and early childhood mental health that you would like. Thanks!	

I understand that TIMHS is a consultation program and that the consultants will not take over responsibility for the care of my patients or prescribe medications. I agree to continue to manage behavioral health care of appropriate cases for the primary care setting following consultation with the team. I agree to participate in the TIMHS program evaluation by completing baseline and follow-up surveys.

Signature

Date