



Dear Colleague: By completing this form you will be added to our Community Affiliate Network (CAN) which identifies specialists that are interested in receiving referrals to their practice and/or program. *Together, we CAN!*

NAME: _____ CREDENTIALS: _____ DATE: ____/____/____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ COUNTRY: _____ ZIP: _____

OFFICE PHONE: _____ FAX: _____

E-MAIL: _____ WEBSITE: _____

☐ Check here if you prefer to receive information by email, which will help New Dawn's efforts to "Go Green!"

Type of Service

- ☐ EAP
- ☐ Extended Care
- ☐ Halfway House/ Sober Living
- ☐ Inpatient Hospital
- ☐ Intensive Workshops
- ☐ Interventionist
- ☐ Intensive Outpatient Program (IOP)
- ☐ Outpatient / Private Practice
- ☐ Partial Hospitalization
- ☐ Residential
- ☐ Other: _____

Education

- ☐ Psychiatrist
- ☐ Other Physician
- ☐ Psychologist
- ☐ Doctorate, Non-Psychologist
- ☐ Master's
- ☐ Bachelor's
- ☐ Cert/License #: _____
- ☐ Nursing
- ☐ RD (Dietitian / Nutritionist)
- ☐ LMFT
- ☐ LCSW
- ☐ Legal
- ☐ Non-Clinical
- ☐ Clergy

Years in Practice: _____

Fee Range for Services

- ☐ Sliding Scale: _____
- ☐ Private Pay: _____ % of practice
- ☐ Insurance: _____ % of practice
- ☐ Medicare
- ☐ Tricare:

Populations Served

- ☐ Adolescent
- ☐ Children (3 – 10yrs)
- ☐ Male
- ☐ Female
- ☐ Adult
- ☐ LGBTQ

Specialty

- ☐ Adult Child of Alcoholic (ACoA)
- ☐ Anger Management
- ☐ Attention Deficit Hyperactivity
- ☐ Disorder (ADHD)
- ☐ Axis II Diagnosis
- ☐ CD / Alcoholism
- ☐ Codependency
- ☐ Compulsive Gambling / Spending
- ☐ Dissociative Id. Disorder (DID)
- ☐ Divorce
- ☐ Domestic Violence
- ☐ Dual Diagnoses
- ☐ Eating Disorders
- ☐ Equine
- ☐ Grief / Loss
- ☐ Internet Addiction
- ☐ Medication Management
- ☐ Men's Issues
- ☐ Mood Disorders
- ☐ Pain Management
- ☐ Sexual Addiction / Compulsivity
- ☐ Sexual Offenders
- ☐ Smoking Cessation
- ☐ Trauma
- ☐ Women's Issues
- ☐ Other: _____

Modality

- ☐ 12-Step Approach
- ☐ Acupuncture
- ☐ Art / Music / Dance Therapy
- ☐ Biofeedback
- ☐ Cognitive Behavioral
- ☐ Rolfing
- ☐ Couple's Counseling
- ☐ Dialectical Behavior Therapy
- ☐ Eye Movement Desensitization & Reprocessing (EMDR)
- ☐ Experiential Therapy
- ☐ Family Therapy
- ☐ Group Therapy (specify): _____
- ☐ Guided Imagery
- ☐ Hypnotherapy
- ☐ Imago
- ☐ Individual Therapy
- ☐ Massage
- ☐ Meditation / Relaxation
- ☐ Neurotherapy
- ☐ Psychodrama
- ☐ Reiki
- ☐ Tai Chi
- ☐ Talking Circle
- ☐ Vocational Counseling
- ☐ Other: _____