

R E M U D A
Hope • Healing • Life *Remuda*[®]
 PROGRAMS FOR EATING & ANXIETY DISORDERS

We want to remain in touch with professionals such as you, in order to provide important information about eating disorders, Remuda program updates, or CEU opportunities. In addition, we would like to include your name and contact information on our aftercare provider list. This list ensures our patients have outpatient care once they return home. Please complete the following short practice inventory and return it to us as soon as possible. Thank you.

Check this box if you DO NOT want to be included on our aftercare list.

Name/Credentials: _____

Primary Care Provider Psychiatric Provider Psychologist Therapist Registered Dietitian Other _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ e-mail: _____

Please check all specialties/services that apply to your practice:

- | | |
|--|--|
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Adults (18+) |
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Adolescents (18-21) |
| <input type="checkbox"/> Anxiety/Mood Disorders | <input type="checkbox"/> Adolescents (13-17) |
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Children (under 13) |
| <input type="checkbox"/> Self-Injurious Behavior | <input type="checkbox"/> Females |
| <input type="checkbox"/> Support Groups | <input type="checkbox"/> Males |
| <input type="checkbox"/> Other _____ | |

_____ % of Eating Disorder Clients

_____ % of Anxiety Disorder Clients

Do you incorporate Christian beliefs in your practice? Yes No

Do you work with a team? Yes No List Names and Specialties below:

What year did you begin your practice? _____

Comments/Questions:

