



# Therapist Questions

Suggested Interview Questions from Connecting for Kids

## BASIC INFORMATION

Organization Name: \_\_\_\_\_ Table #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## PROVIDER BACKGROUND

Training/Certification: \_\_\_\_\_

Specialty Skills/Interests: \_\_\_\_\_

## PAYMENT TYPES

- Health insurance accepted\*    
  Private pay    
  Other  
 Able to help with paperwork for reimbursement

\* Insurance accepted depends upon your unique plan coverage. Always call your insurance provider prior to starting any new treatment.

## SESSION FORMAT

- Meet with caregiver only    
  Meet with caregiver & child together    
  Meet with child only

If you meet with my child only, will I be allowed to know what happens in your sessions?  Yes  No

## APPOINTMENTS AND TREATMENT PLANNING

- | How Often?                        | Appointments                        | Scheduling                             | Treatment Plan Review              |
|-----------------------------------|-------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Weekly   | <input type="checkbox"/> 30 minutes | <input type="checkbox"/> Weekdays      | <input type="checkbox"/> 90 days   |
| <input type="checkbox"/> Biweekly | <input type="checkbox"/> 45 minutes | <input type="checkbox"/> Weekends      | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Monthly  | <input type="checkbox"/> 1 hour     | <input type="checkbox"/> During School | <input type="checkbox"/> 6 months  |
| <input type="checkbox"/> Other    | <input type="checkbox"/> Other      | <input type="checkbox"/> After School  | <input type="checkbox"/> Other     |

## EXPECTED OUTCOMES

What kinds of outcomes do patients typically have when working with you?

- Diagnosis & treatment    
  Diagnosis & referral for treatment elsewhere    
  Treatment for an existing diagnosis (referral for diagnosis elsewhere may be available)

## NOTES



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