



# MARYLAND PSYCHIATRIC SOCIETY

## MEMBER INFORMATION UPDATE FORM

NOTE: The Council voted to send newsletters by email so we need your email address to ensure delivery of the MPS News and Maryland Psychiatrist. Please make corrections and additions as needed. This data is used for the directory, the patient referral service and the lobbying network. Unless specified, home information is excluded from the directory. Return this form to: MPS, 1211 Cathedral Street, Baltimore MD 21201 email to mps@mdpsych.org or fax to 410-547-0915. If you have any questions, call 410-625-0232. Remember to update your APA profile.

Yes  No Do you want to be included in Find A Psychiatrist on the MPS website? Member Id: \_\_\_\_\_

Name: \_\_\_\_\_ Member Type: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Yes  No Include me on the e-mail list to receive newsletters, which are now sent by email only.

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  Retired

Spouse/Significant Other: \_\_\_\_\_

Political Party: \_\_\_\_\_  Washington Psychiatric Society Member  Med Chi Member

Primary Institution Affiliation: \_\_\_\_\_

*(School, hospital or group where you are positioned, if applicable)*

### Education/ Training:

International Medical Graduate Psychiatric Residency/Fellowship Completed Date: \_\_\_\_\_

### Addresses (please add if we are missing your home or work address):

Address Type: \_\_\_\_\_

This Address is My Preferred Mailing Address  This Address is My Preferred Billing Address

The Fax Number from this Address is My Preferred Preferred Fax Number

Line 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Ext: \_\_\_\_\_

Line 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Ext: \_\_\_\_\_

Line 3: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

*This address is located in the following districts (please correct as necessary):*

Legislative District: \_\_\_\_\_ Congressional District: \_\_\_\_\_

Address Type: \_\_\_\_\_

This Address is My Preferred Mailing Address  This Address is My Preferred Billing Address

The Fax Number from this Address is My Preferred Preferred Fax Number

Line 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Ext: \_\_\_\_\_

Line 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Ext: \_\_\_\_\_

Line 3: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

*This address is located in the following districts (please correct as necessary):* County: \_\_\_\_\_

Legislative District: \_\_\_\_\_ Congressional District: \_\_\_\_\_

Please include me on the MPS fax list for important psychiatry-related information

Yes  No

Publish My Home Phone Number in the MPS Directory

Yes  No

Publish My Preferred Fax Number in the MPS Directory

Yes  No

Your Membership Directory Listing includes the following lines:

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To change the listing (MAX. 150 Characters), write below:

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Will you accept patient referrals from MPS?

Yes  No

Please check if you have the following hours available:

Evenings

Saturdays

**Board Certifications (not in Directory unless indicated in 'Directory Listing' above):**

- |   |   |
|---|---|
| <input type="checkbox"/> ABPN Sleep   | <input type="checkbox"/> Addictions Psychiatry; ABPN added qualifications             |
| <input type="checkbox"/> Administration, APA  | <input type="checkbox"/> Administration, MBA  |
| <input type="checkbox"/> Adolescent Psychiatry; American Board of Adolescent Psych.   | <input type="checkbox"/> American Board of Addiction Medicine                         |
| <input type="checkbox"/> American Board of Forensic Medicine                          | <input type="checkbox"/> American Board of Preventive Medicine                        |
| <input type="checkbox"/> American Osteopathic Board of Neurology and Psychiatry-Gener | <input type="checkbox"/> Biofeedback Certification International Alliance             |
| <input type="checkbox"/> Certified Independent Medical Examiner, American Board of In | <input type="checkbox"/> Child & Adolescent Psychiatry; ABPN                          |
| <input type="checkbox"/> Child Psychoanalysis, Board of American Psychoanalytic Assoc | <input type="checkbox"/> C-L (was Psychosomatic Med); ABPN added qualifications       |
| <input type="checkbox"/> Clinical Psychopharmacology; ASCP                            | <input type="checkbox"/> Consultant; Oncology   |
| <input type="checkbox"/> Family Practice  | <input type="checkbox"/> Forensic Psychiatry; ABPN added qualifications               |
| <input type="checkbox"/> Forensic Psychiatry; American Board of Forensic Psychiatry   | <input type="checkbox"/> Geriatric Psychiatry; ABPN added qualifications              |
| <input type="checkbox"/> Hypnosis, American Society of Clinical Hypnosis; ASCH        | <input type="checkbox"/> Internal Medicine  |
| <input type="checkbox"/> National Board of Physicians and Surgeons (NBPAS)            | <input type="checkbox"/> Neurology; ABPN  |
| <input type="checkbox"/> Neuropsychiatry; VCNS  | <input type="checkbox"/> Occupational Medicine, American Board of Preventive Medicine |
| <input type="checkbox"/> Pain Medicine  | <input type="checkbox"/> Pediatrics   |
| <input type="checkbox"/> Psychiatry; ABPN   | <input type="checkbox"/> Psychiatry; American College of Osteopathic Neuropsychiatris |
| <input type="checkbox"/> Psychoanalysis, Board of American Psychoanalytic Assoc       | <input type="checkbox"/> Psychoanalysis; American Academy of Psychoanalysis           |
| <input type="checkbox"/> Royal College of Physicians and Surgeons of Canada-General A | <input type="checkbox"/> Urology  |

**Please check if you accept the following patients:**

- |  |   |
|--|---|
| <input type="checkbox"/> Aetna Health Inc.                       | <input type="checkbox"/> American Health Alliance, Inc.                                 |
| <input type="checkbox"/> AMERIGROUP Maryland, Inc.               | <input type="checkbox"/> Bravo Health Mid-Atlantic, Inc.                                |
| <input type="checkbox"/> Care Improvement Plus of Maryland, Inc. | <input type="checkbox"/> Care/First Blue Cross Blue Shield                              |
| <input type="checkbox"/> CareFirst BlueChoice, Inc.              | <input type="checkbox"/> Carefirst of Maryland, Inc.                                    |
| <input type="checkbox"/> Carefirst, Inc.                         | <input type="checkbox"/> Cigna  |
| <input type="checkbox"/> Coventry Health Care of Delaware, Inc.  | <input type="checkbox"/> EHP Hopkins  |
| <input type="checkbox"/> Evergreen Health Cooperative Inc.       | <input type="checkbox"/> Healthy Howard, Inc.   |
| <input type="checkbox"/> Humana Benefit Plan of Illinois, Inc.   | <input type="checkbox"/> Innovation Health Insurance Company                            |
| <input type="checkbox"/> Innovation Health Plan, Inc.            | <input type="checkbox"/> Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. |
| <input type="checkbox"/> Maryland Care Medicare, Inc.            | <input type="checkbox"/> MD-Individual Practice Association, Inc.                       |
| <input type="checkbox"/> Medicaid                                | <input type="checkbox"/> Medicare   |
| <input type="checkbox"/> MedStar Family Choice, Inc.             | <input type="checkbox"/> Optimum Choice, Inc.   |
| <input type="checkbox"/> Public Mental Health System             | <input type="checkbox"/> Riverside Advantage, Inc.                                      |
| <input type="checkbox"/> Tricare                                 | <input type="checkbox"/> Tufts Insurance Company  |
| <input type="checkbox"/> United Healthcare                       |   |

**Patient Types You See:**

- Child
- Adult
- Adolescent
- Geriatric

**Treatment Modalities You Employ:**

- Biofeedback
- Cognitive-Behavioral Psychotherapy
- Consultation to NonMD Mental Hlth Prof
- ECT
- Family Therapy
- Holistic
- Inpatient Treatment
- Psychological Testing
- Psychotherapy - Behavioral
- Psychotherapy-Interpersonal
- Sex Therapy
- Transcranial Magnetic Stimulation
- Brain Imaging/Neurophys. Asmts/EEG/QEEG
- Consultation to Community/Organization
- Couples Therapy
- Emergency Psychiatry
- Group Therapy
- Hypnosis
- Psychoanalysis
- Psychopharmacology
- Psychotherapy - Psychonanlysis
- Psychotherapy-Psychodynamic
- Telepsychiatry
- Vagal Nerve Stimulation

**Your Areas of Interest:**

- Abuse-Child, Physical, Sexual
- Addictions/Substance Abuse
- Adjustment Disorders
- Adult Attention Deficit Disorder
- Alzheimer's Disease/Dementia
- Attention Deficit/Learning Disorders
- Borderline Personality Disorders/Other Personality
- Clergy
- Compulsive Gambling
- Developmental Disabilities/Mental Retardation
- Disaster Psychiatry
- Eating Disorders
- Grief Counseling
- Identity Problems
- Infant Psychiatry
- Law Enforcement Personnel
- Movement Disorders
- Neuroses
- Opioid Treatment (Buprenorphine/Methadone)
- Panic Disorders
- Personality Disorder
- Post Traumatic Stress Disorders
- Psychoses/Chronically Mentally Ill
- Psychosomatic Disorders
- Sexual Orientation issues
- Suicide
- Traumatic Brain Injury
- Workers Compensation Evaluations
- ACOA
- ADHD, Child
- Adoption/Foster Care
- Affective Mood, Bipolar Disorders, Depression
- Anxiety Disorders
- Autism/Pervasive Developmental Disorders
- Childhood Behavioral Disorders
- Collaborative Care Model (CoCM) Consulting
- Consultation/Liaison
- Diagnostic Evaluation
- Dissociative Disorders
- Forensic
- HIV-related issues
- Impulse Control Disorders
- Infertility
- Medical/Psychiatric Disorders
- Neuropsychiatry
- Obsessive-Compulsive Disorder
- Pain Management
- Paraphilias
- Phobias
- Post-partum depression
- Psychosexual Disorders/SexualDysfunction
- Schizophrenia
- Sleep Disorders
- Transcultural
- Women's Issues
- Workers Compensation Treatment

**Non-English Languages You Can Use When Treating Patients:**

**Non-English Languages You Can Use When Treating Patients, Not Listed Above:**

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