



Menninger®

We welcome your feedback

If you currently refer patients to The Menninger Clinic, please complete this page. If you do not, please proceed to page 2.

Thank you for taking a few moments to provide us with feedback. Information you provide may be shared with staff as we work to improve

services for you and the patients you refer.

Please fax this page to Susan Nelson, Sr. National Business Development Representative, Central States, at 785-266-4690.

We appreciate your time and candor.

Your name: _____

In what state do you work?

- Admissions Office staff
- Clinical staff
- Web site
- Other (please specify): _____

1. Rank your top 2 considerations when making a referral to Menninger.

- ___ Updates on patient's progress
- ___ Involvement in discharge planning
- ___ Cost of services
- ___ Treatment outcome
- ___ Facility's reputation
- ___ Patient satisfaction
- ___ Location and ready access
- ___ Clinical expertise of staff
- ___ Patient population served
- ___ Friendly, competent service
- ___ Other(s): _____

3. Would you refer to Menninger again?

- Yes No

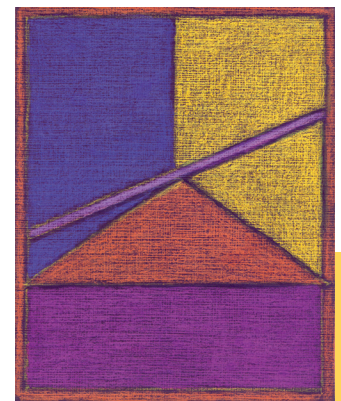
Why or why not?

4. I would like to receive information about: _____

5. Comments:

2. Check all Menninger resources that are informative to you.

- Connections** newsletter
- Business development



Help us make appropriate referrals

Menninger maintains a database of behavioral health professionals from across the country to help provide our patients with appropriate treatment options. We may also consult this database for treatment alternatives when Menninger is not the most appropriate placement for a caller. To become part of this resource, please complete the following and **fax this page to Debra Janis at 713-275-5117.**

Name _____

Credentials _____

Organization _____

Daytime phone _____

Address _____

City _____

State Zip _____

Fax _____

E-mail _____

Web site _____

Type of services offered: _____

Check all that apply to your practice.

Patients you treat:

- Children
- Adolescents
- Adults
- Seniors

Levels of care provided:

- Outpatient
- Partial hospital
- Inpatient acute
- Residential
- Educational consulting
- Boarding school

Specialties:

Your fee structure:

- Self-pay
- Insurance
- Medicare
- Medicaid
- Sliding scale

Treatment:

- Individual
- Group
- Marital
- Family
- Psychopharmacology
- Psych testing
- Chemical dependency
- EMDR
- Other: _____
- Groups: _____

Therapeutic orientation:

- CBT
- Psychodynamic
- DBT
- Systems
- Eclectic
- Holistic
- Other (please specify):

