

Referral Form

info@wtcg.us
www.wtcg.us

Date: _____

Referral Source and Contact #: _____

Reason for referral: _____

Crisis: Yes No See Within: 48hrs 1 week Next Regularly Available

Client's Name: _____ Phone: _____

If client is a minor, Parent/Guardian name: _____

DOB: _____ Male Female Other _____

Address: _____ City: _____

Insurance: Yes No Type of Insurance: _____

Services Requested:

- | | |
|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Career Counseling |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Cognitive Behavioral Therapy for Insomnia |
| <input type="checkbox"/> PTSD/Abuse/Trauma/Rape | <input type="checkbox"/> Cognitive Behavioral Therapy for Weight loss |
| <input type="checkbox"/> Substance use issues | <input type="checkbox"/> Sexual Orientation/Gender Identity/other issues |
| <input type="checkbox"/> Play Therapy with Registered Play Therapist | <input type="checkbox"/> Survivors of Suicide Support Group
(for those who have lost a loved one to suicide) |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Veteran/Family Program
(anyone who has ever been in the military or immediate family is eligible) |
| <input type="checkbox"/> Behavioral Problems | <input type="checkbox"/> Grandparents Raising Kin Support Group |
| <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> ADHD Testing/Evaluations |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Anger | |
| <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Couples Counseling | |

Specific Therapist Request: No preference, but prefer: Male Female Either

- | | | |
|---|--|--|
| <input type="checkbox"/> Adrienne Ortiz, LPC, RPT | <input type="checkbox"/> Laura Duran, LPC | <input type="checkbox"/> Bill Montgomery, PhD
(ADHD Evaluations only) |
| <input type="checkbox"/> Ben Hubert, LPC | <input type="checkbox"/> Lisa Sobrero, LPC RPT | Medicare Providers |
| <input type="checkbox"/> Brent Dooley, LPC | <input type="checkbox"/> Pat Pastors, LPC Intern | <input type="checkbox"/> Ingrid Russo, LCSW |
| <input type="checkbox"/> Carrie Elkins, LPC | <input type="checkbox"/> Peggy Mathias, LPC | <input type="checkbox"/> Jan Lentz, LCSW |
| <input type="checkbox"/> Dusty McCoy, LPC-S | <input type="checkbox"/> Rebecca Zapata, LPC | <input type="checkbox"/> Karren Fontenot, LCSW |
| <input type="checkbox"/> Greg Hickey, LPC Intern | <input type="checkbox"/> Tara Joiner, LPC | <input type="checkbox"/> Kevin Wade, LCSW |
| <input type="checkbox"/> Kavin Johnson, LPC | <input type="checkbox"/> Terry Favor, LPC | <input type="checkbox"/> Molly Karp, LCSW |

Date Received: _____	Date Called: _____	Who Made Contact: _____
Appointment Made: <input type="checkbox"/> Y <input type="checkbox"/> N If No, Reason: _____		