

Referral Form

info@wtcg.us
www.wtcg.us

Date: _____ Reason for referral: _____

Referral Source and Contact #: _____

Crisis: Yes No (if crisis, please call) 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"/> ADHD | <input type="checkbox"/> Grief/Loss |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Group therapy |
| <input type="checkbox"/> Anxiety / Panic | <input type="checkbox"/> Health/Pain issues |
| <input type="checkbox"/> Art Therapy | <input type="checkbox"/> Play Therapy with Registered Play Therapist |
| <input type="checkbox"/> Autism Assessments | <input type="checkbox"/> Psychological Testing/Evaluations |
| <input type="checkbox"/> Behavioral Problems | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> PTSD/Abuse/Trauma/Rape |
| <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Sexual Orientation/Gender Identity/other issues |
| <input type="checkbox"/> Cognitive Behavioral Therapy for Insomnia | <input type="checkbox"/> Substance use issues |
| <input type="checkbox"/> Cognitive Behavioral Therapy for Weight loss | <input type="checkbox"/> Survivors of Suicide Support Group
(for those who have lost a loved one to suicide) |
| <input type="checkbox"/> Couples Counseling / Relationship Issues | <input type="checkbox"/> Veteran/Family Program (anyone who has ever been in the
military or their family is eligible) |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Domestic / Family Violence | |
| <input type="checkbox"/> Family counseling | |
| <input type="checkbox"/> Grandparents Raising Kin Support Group | |

Specific Therapist Request: No preference Spanish Speaking Other _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Adrienne Ortiz, LPC, RPT | <input type="checkbox"/> Kristi Eckert, LPC | <input type="checkbox"/> Ruby Gutierrez, LCDC |
| <input type="checkbox"/> Adrie McCravy, LPC | <input type="checkbox"/> Lanna Hubbard, LPC | <input type="checkbox"/> Steven Keihl, PhD, LMFT |
| <input type="checkbox"/> Alex Robles, LPC Intern | <input type="checkbox"/> Laura Duran, LPC (bilingual) | <input type="checkbox"/> Terry Favor, LPC |
| <input type="checkbox"/> Ben Hubert, LPC | <input type="checkbox"/> Liz Starnes, LPC | |
| <input type="checkbox"/> Brent Dooley, LPC | <input type="checkbox"/> Lisa Sobrero, LPC RPT | Medicare Providers |
| <input type="checkbox"/> Brooke Sport, LPC RPT | <input type="checkbox"/> Luz Guthrie, LPC (bilingual) | <input type="checkbox"/> Bill Montgomery, PhD (Psychological
Evaluations only) |
| <input type="checkbox"/> Cleave Pool, LPC | <input type="checkbox"/> Pat Pastors, LPC | <input type="checkbox"/> Ingrid Russo, LCSW (bilingual) |
| <input type="checkbox"/> Dusty McCoy, LPC-S | <input type="checkbox"/> Peggy Mathias, LPC | <input type="checkbox"/> Jan Lentz, LCSW |
| <input type="checkbox"/> Greg Hickey, LPC | <input type="checkbox"/> Melanie Noble, PhD PLP | <input type="checkbox"/> Karren Johnson, LCSW |
| <input type="checkbox"/> Kavin Johnson, LPC | <input type="checkbox"/> Melinda Montgomery, LPA | <input type="checkbox"/> Molly Karp, LCSW, LCDC |
| <input type="checkbox"/> Kristin Covey, LPC Intern | <input type="checkbox"/> Rebecca Zapata, LPC | |

Date Received: _____ Date Called: _____ Who Made Contact: _____

Appointment Made: Y N If No, Reason: _____