



Referral Form

36 E. Twohig Ave
6th Floor, Cactus Hotel
San Angelo, TX 76903 Office:
325-944-2561
Fax 325-653-4218

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:

- ADHD, Anger, Anxiety / Panic, Art Therapy, Behavioral Problems, Bipolar Disorder, Career Counseling, Cognitive Behavioral Therapy for Insomnia, Cognitive Behavioral Therapy for Weight loss, Couples Counseling / Relationship Issues, Depression, Domestic / Family Violence, Family Counseling, Grief / Loss, Group Therapy, Health / Pain issues, Play Therapy with Registered Play Therapist, Psychosis, PTSD / Abuse / Trauma / Rape, Sexual Orientation / Gender Identity / Other Issues, Substance Use Issues, Survivors of Suicide Support Group, Veteran / Family Program, Other:

Specific Therapist Request:

No preference Spanish Speaking Telecounseling ONLY Other

- Adrienne Ortiz, LPC, RPT; Alanna Knapp, LPC, LCDC; Anna Davis, LPC; Anna Schneemann, LPC-Associate; Ari Sonni Oquendo, LPC (bilingual); Ben Hubert, LPC; Brent Dooley, LPC; Brooke Sport, LPC, RPT; Casey Dilworth, LPC-Associate; Cleave Pool, LPC; Dusty McCoy, LPC-S; John Smith, LPC; Kavin Johnson, LPC; Liz Starnes, LPC, ATR; Lisa Sobrero, LPC-S, RPT-S; Makayla Morris, LPC-Associate, LCDC; Melody Twombly, LPC; Rebecca Zapata, LPC-S; Sam Jones, LPC-Associate; Shelby Joseph, LPC; Terry Favor, LPC; Veronica Cantu, LPC (bilingual); Medicare Providers: Amber Hobdy, LMSW; Amy Pfluger, LMSW; Alyssa Rowe, LMSW; Ashley McCleaf, LMSW; Britney Hobbs, LCSW; Brooke Elliott, LMSW; D'Nae Johnson Gardner, LCSW; Jan Lentz, LCSW-S; Jenna Bennet, LCSW; Karina Valdez, LMSW; Kimberly Hanusch, LMSW; Klaye Coleman, LMSW; Milan McMurray, LMSW; Monica Fray, LMSW; Nicole Elliot, LMSW; Rebecca Turner, LMSW; Tammy O'Neal, LMSW; Tiffany Branam, LMSW

Date Received: Date Called: Who Made Contact:
Appointment Made: Y N If No, Reason: