906 E 11th[th] St.,
Bldg. 2
Del Rio, TX 78840
Office 325-944-2561
**Fax 325-653-4218**
reception@wtcg.us
www.wtcg.us

## *Referral Form – Del Rio, TX Office*

**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
☐ 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
☐ Psychosis
☐ PTSD / Abuse / Trauma / Rape
☐ Sexual Orientation / Gender Identity / Other Issues
☐ Substance Use Issues
☐ Veteran / Family Program (anyone who has ever been in the military or their family is eligible)
☐ Other: ___________________________________

**Specific Therapist Request:** ☐ No preference ☐ Spanish Speaking ☐ Other________________________

☐ Stephanie Blancarte, LMSW
☐ Alejandra Garcia, LPC (bilingual)
☐ Marysol Musquiz, LMSW (bilingual)
☐ Daniel Perez, LPC (bilingual)
☐ Sandra Seca, LPC-Associate (billingual)

**Date Received:** _______________ **Date Called:** ______________ **Who Made Contact:** ________________________

**Appointment Made:** ☐ **Y** ☐ **N** **If No, Reason:** _______________________________________________________