



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:

- ABA for Autism, ADHD, Anger, Anxiety / Panic, Art Therapy, Behavioral Problems, Bipolar Disorder, Career Counseling, Cognitive Behavioral Therapy for Insomnia, 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, LCP, LCDC, Alyssa Rowe, LMSW, Amy Pfluger, LMSW, Anna Davis, LPC, Anna Schneemann, LPC-Associate, Ari Sonni Oquendo, LPC (bilingual), Ben Hubert, LPC-S, Brent Dooley, LPC, Brooke Sport, LPC-S, RPT, Casey Dilworth, LPC-Associate, Cleave Pool, LPC, Desirea Stuart, LPC, LCDC, Dusty McCoy, LPC-S, Josh Rodgers, LPC, Kavin Johnson, LPC, Klaye Coleman, LMSW, Lisa Sobrero, LPC-S, RPT-S, Makayla Morris, LPC, LCDC, Melody Twombly, LPC, Micaela Morena, LPC Associate, Milan McMurray, LMSW, Nicole Elliot, LMSW, Paul Keeton, LMSW, Rebecca Zapata, LPC-S, Sam Jones, LPC, Tammy O'Neal, LMSW, Tiffany Branam, LMSW, Terry Favor, LPC, Veronica Cantu, LPC (bilingual), Medicare Providers: Ashley McCleaf, LCSW, Britney Hobbs, LCSW, Amber Hobdy, LMSW, Jan Lentz, LCSW-S, Jenna Bennet, LCSW, Karren Johnson, LCSW, Kimberly Hanusch, LCSW, Thomas Tilford, LCSW, Prefer Services in these Areas: Big Lake, Big Spring, Ozona, Sonora, Other:

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