



Referral Form

36 E. Twohig Ave
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 | ☐ Domestic/Family Violence | ☐ Suicidal Ideation |
| ☐ Anger | ☐ EMDR | ☐ Survivors of Suicide Support Group |
| ☐ Anxiety / Panic | ☐ Family Counseling | (For those who have lost a loved one to suicide) |
| ☐ Behavioral Problems | ☐ Grief / Loss | ☐ Veteran / Family Program (anyone |
| ☐ Bipolar Disorder | ☐ Group Therapy | who has ever been in the military or |
| ☐ Career Counseling | ☐ Health / Pain issues | their family is eligible) |
| ☐ Case Management | ☐ Identity Issues | ☐ Other: _____ |
| ☐ Couples Counseling/Relationship | ☐ Play Therapy with Registered Play | |
| ☐ CPS: ___ INV ___ FBBS ___ CVS | Therapist | |
| | ☐ Psychosis | |
| | ☐ PTSD / Abuse / Trauma / Rape | |
| | ☐ Sexual Orientation / Gender | |
| | ☐ Substance Use Issues | |

(FBSS cases **must** include the family plan of service; Conservatorship and Court ordered services **must** attach affidavit and auth.)

☐ Depression

Prefer Services in these Areas

- ☐ Big Spring
☐ Other: _____

Specific Therapist Request:

☐ No preference ☐ Spanish Speaking ☐ Telecounseling ONLY Other: _____

Providers

- | | | |
|---|--|---|
| ☐ Adrienne Ortiz, LPC, RPT | ☐ Joni Abel, LMSW | ☐ Stephanie Slusher, LMSW |
| ☐ Alexis Ordaz, LPC-Associate | ☐ Kavin Johnson, LPC | ☐ Sophia Dominguez, PhD, LPC |
| ☐ Alyssa Rowe, LCSW | ☐ Kimberly Hanusch, LCSW | (Big Spring) |
| ☐ Angel Vasquez, LPC-Associate | ☐ Klave Coleman, LCSW | ☐ Tanya Hainey, LPC, LCDC, LSOTP |
| ☐ Anna Davis, LPC | ☐ Lisa Sobrero, LPC-S, RPT-S | ☐ Terry Favor, LPC |
| ☐ Ashley McCleaf, LCSW | ☐ Makayla Davidson, LPC, LCDC | ☐ Veronica Cantu, LPC (bilingual) |
| ☐ Ben Hubert, LPC-S | ☐ Melody Avants, LPC-S | ☐ Yulieth Pinzon, LMSW (bilingual) |
| ☐ Brent Dooley, LPC | ☐ Melody Twombly, LPC | |
| ☐ Brooke Sport, LPC-S, RPT-S | ☐ Migdelia Lopez, LPC (bilingual) | |
| ☐ Casey Dilworth, LPC | ☐ Milan Oliphant, LCSW | |
| ☐ Chloe Casey, LPC- Associate | ☐ Nicole Elliott, LCSW | |
| ☐ Cleave Pool, LPC | ☐ Nicole Harris, LPC, RPT | |
| ☐ Desirea Senior-Bodiford, LPC, LCDC | (Big Spring) | |
| ☐ Dusty McCoy, LPC-S | ☐ Rebecca Zapata, LPC-S | |
| ☐ Jan Lentz, LCSW-S | ☐ Sam Jones, LPC | |

Providers- Telehealth ONLY

- ☐ Alanna Knapp, LPC, LCDC
☐ Allison Cutsinger, LCSW
☐ Ari Sonni Oquendo, LPC (bilingual)
☐ Jenna Bennet, LCSW
☐ Karren Johnson, LCSW-S
☐ Tiffany Branam, LCSW

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

Appointment Made: ☐ Y ☐ N

If No, Reason: _____