



36 E. Twohig Ave
6th Floor, Cactus Hotel
San Angelo, TX 76903
Office: 325-944-2561
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**Tele Psych
Referral Form**

info@wtcg.us
www.wtcg.us

Date: _____

Client's Name: _____ Phone: _____

If client is a minor, Parent/Guardian name: _____

DOB: _____ Male Female Other _____

Address: _____ City: _____

Reason for referral: _____

Concerning behavior(s):

- ADHD
- Anger
- Anxiety / Panic
- Autism Diagnosis
- Behavioral Problems
- Bipolar disorder
- Insomnia
- Relationship Issues
- Depression
- Domestic / Family Violence
- Grief/Loss
- Health/Pain issues
- Psychosis
- PTSD/Abuse/Trauma/Rape
- Sexual Orientation/Gender Identity/other issues
- Substance use issues
- Other: _____

Specific Request:

- No preference
- Spanish Speaking
- Other _____

TelePsych provider appointments occur every OTHER week:

Janice Krug will see clients every other Monday; afternoons from 1-5 pm
Dr. Brian Skop will see clients every other Wednesday; mornings from 8-12 pm.
Patricia Garcia will see clients every other Monday; from 11a-5 pm

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

Appointment Made: Y N If No, Reason: _____