



# ADVOCATE PSYCHOTHERAPY SERVICES

*SERVING ALL OF CENTRAL WISCONSIN — TO HELP YOU FIND WHAT'S MISSING*

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## *PSYCHOTHERAPY REFERRAL FORM*

### **Client Information**

Client Name: \_\_\_\_\_ Client DOB: \_\_\_\_\_

Parent/Guardian Name (if applicable): \_\_\_\_\_

Client/Guardian Phone: \_\_\_\_\_ Client/Guardian Email: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Number(s): \_\_\_\_\_

### **Referral Information**

Referral Agency: \_\_\_\_\_

Referral Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Our Clinicians**

Please choose a clinician you would like to work with. (Optional)

\_\_\_\_\_ Steve Johnson MA, LPC, NCC

\_\_\_\_\_ Brittany Polacek MS, LPC-IT, NCC

\_\_\_\_\_ Kathy Berg MA, LPC

\_\_\_\_\_ Molly Roberts BSW, Intern Therapist

\_\_\_\_\_ Sherry Howard MSW, APSW

\_\_\_\_\_ Nicole Stelzer BA, Intern Therapist

\_\_\_\_\_ Adam Smith MS, CMHC, SAS, LPC-IT